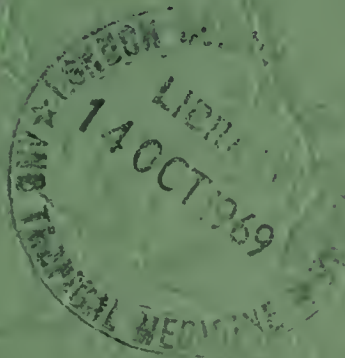


CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1965

*Including Reports of
The Principal School Medical Officer
and The Chief Public Health Inspector*

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1965

R. D. HAIGH, M.B., Ch.B. D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
Medical Officer of Health

To: The Right Worshipful The Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

I am pleased to present my Annual Report on the health of the City for the year of 1965.

The number of births in Lincoln during 1965 (1354) was slightly less than during the previous year (1414) and there was also a reduction in the number of domiciliary births, 518 compared with 567 in 1964. It will be interesting to observe the trend of these two figures in future years, as the increasing use and increasing sophistication of methods of contraception will no doubt result in a smaller number of births in the next five years than was the case during the past five years. The increasing use of the early discharge scheme for hospital confinements and the greatly increased number of beds which will be available when the new Maternity Unit at The County Hospital has been completed will, no doubt, further reduce the number of domiciliary confinements.

There were 123 illegitimate births in the City during 1965 and the illegitimate birth rate of 9.08 per cent of total live births is the highest ever recorded. This compares unfavourably with the national average for illegitimate births in 1965 which was 7.7.

The number of still births (13) was markedly reduced in 1965 following the relatively high figure in the previous year (34).

Despite a slight reduction in the total number of births, the attendances at the Infant Welfare Clinics during the year were, in fact, a little higher than during the previous year and in view of this, it is regrettable that the majority of the clinics are held in premises which were not designed for the purpose and which in many ways are entirely unsuitable. It is unfortunate that no progress was made in 1965 in the provision of new clinic premises but it is hoped that there will be no further delay in the clinic building programme.

The Home Nursing Service continued to have a full staff and few changes occur from year to year. The Night Nursing Service which is financed by the Marie Curie Memorial Foundation was introduced at the end of 1964 and during 1965 proved to be an extremely valuable service, meeting a need which had previously existed in the nursing care at home of seriously ill patients. Incontinence pads for patients being nursed at home are being used increasingly and the free supply is greatly appreciated by patients and relatives. No problem has yet arisen in the disposal of soiled pads. Consideration may have to be given in the future to the decentralisation of the storage and issue of the pads.

The Chiropody Service was extended throughout the year and two full-time Chiropodists seem to be quite inadequate for the number of patients who require treatment. Clearly additional staff will need to be appointed in order to give a satisfactory service to the number of elderly persons who require it.

There was a somewhat greater incidence of Scarlet Fever in 1965 than for some years and there was some evidence that the virulence of the organism may have become enhanced. Dysentery was again troublesome in the last quarter of the year and unfortunately, the Newland Day Nursery was affected and had to be closed for one week for cleansing. No other infectious disease created any problems and it is gratifying to note that only two cases of

Whooping Cough were notified compared with 129 cases in the previous year. A stage has now been reached when, with the exception of Whooping Cough and Measles, the diseases against which children are immunised are comparatively rare and parents need to be reminded constantly that unless a high proportion of children are immunised, these diseases may re-appear. In particular, it is necessary to be constantly vigilant lest there should be any diminution in the acceptance rate of poliomyelitis vaccination in infancy, as the very satisfactory state with regard to the incidence of Poliomyelitis which appertains at the present time may not continue if there is a slackening in our efforts to secure that a very high proportion of children are protected by immunisation.

The Mental Health Hostel — St. Hugh's, Newport — was opened in August, 1965 and at the end of the year there were sixteen residents. This number does not represent the total capacity of the Hostel, but in view of the staffing difficulties which were being experienced, it was decided not to admit more than this number of residents for the time being.

The Adult Training Centre made considerable progress and many parents have commented favourably on the greatly improved facilities which are now available and on the progress being made by the trainees.

A Special Care Unit, attached to the existing Junior Training Centre, is planned for completion in 1966 and when this is in operation, the only provision which seems to be necessary for the full implementation of the Local Authority's duties under the Mental Health Act, is a Hostel for Females and it is hoped that this provision will not be long delayed.

The Ambulance Service was fully extended throughout the year and mention has been made in previous Reports of the many difficulties with which the Service has to contend. The increased provision of specialised units in several distant hospitals in recent years has increased the number of long journeys to be undertaken and the opening of the Day Unit at St. George's Hospital in Lincoln in June, 1965 immediately placed a considerable burden on the Service, resulting in a 50% increase in the number of stretcher cases carried on weekdays. The geriatric patients on the whole are rather difficult cases to handle and almost invariably require the attention of two men being either stretcher or double-handed sitting cases.

The Health Education programme was marked by two important new projects which were started during 1964 and continued into 1965. Firstly, the Dental Health Campaign was inaugurated on 9th November, 1964 after many months of careful planning and ended on 5th March, 1965. It was an intensive campaign lasting for four months and the Principal School Dental Officer, Mr. C. K. Fenton Evans, was almost entirely responsible for its planning. I have no hesitation in stating that the Campaign was an outstanding success and full details may be found in the Appendix to the Report on the School Health Services. I would like to take this opportunity to express my thanks to the Local Press for the very valuable publicity and support given to this Campaign. Secondly, attempts were made to provide cancer education for members of the public. This was mainly arranged for female audiences and was directed to the encouragement of women to attend the Cervical Cytology Clinic. The response to this project was very satisfactory and throughout 1965, applications to attend the Cytology Clinic were received in far greater numbers than could be dealt with and a long waiting list developed. In view of this, a second weekly session was started in September, 1965 and it seems apparent that further sessions will need to be arranged.

The Council's policy in the Ten Year Plan for the Development of the Health and Welfare Services increases the establishment of Home Helps by the equivalent of six whole-time helps each year. This resulted in a greater number of persons receiving help during 1965, the number of hours worked by the Helps being 12,429 more than in 1964.

In accordance with Ministry of Health Circular 1/66, I have to record that the City Council rejected on the 5th October, 1965, the Health Committee's recommendation to increase the fluoride content of the water supply to one part per million. This was the third occasion on which the Health Committee has recommended this measure and the second occasion when it was rejected by the Council.

Mr. C. K. Fenton Evans, Principal School Dental Officer since February, 1961 resigned in April, 1965. His work in the priority dental service for mothers and young children was of the same high standard as that of his work with school children and I was extremely sorry to lose his services.

Dr. N. I. Condon resigned his appointment as Deputy Medical Officer of Health in March and he was succeeded by Dr. P. E. Elwood in April, 1965.

In conclusion, I should like to express my sincere thanks to the Health Department staff for their loyal service throughout the year and to the Chairman of the Health Committee, Alderman E. J. Richardson, J.P. for his continued interest and support.

R. D. HAIGH,

Medical Officer of Health.

City Health Department, Beaumont Fee,
Lincoln.

August, 1966.

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HEALTH COMMITTEE, 1965

THE RIGHT WORSHIPFUL THE MAYOR
COUNCILLOR G. G. ELSEY, J.P.

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Council Members:

Councillor F. T. Allen	Councillor J. A. Martin
Councillor F. R. Eccleshare	Councillor P. W. Archer
Councillor H. Evans	Councillor Mrs. A. J. Naftalin
Councillor Mrs. M. R. Sookias	Councillor J. G. Ruddock

Other Members:

Dr. T. M. O'Brien	Mr. G. H. Kelsey
Mr. M. R. O. Barlow	Miss M. Witting
Mr. C. E. Firth	Mrs. E. N. Ward

Maternity and Child Welfare Sub-Committee

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Council Members:

Councillor F. R. Eccleshare	Councillor Mrs. A. J. Naftalin
Councillor Mrs. M. R. Sookias	Councillor H. Evans
Councillor J. A. Martin	

Other Members:

Mrs. M. Eagle	Miss L. Mumby
---------------	---------------

Mental Health Services Sub-Committee

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Council Members:

Councillor F. R. Eccleshare	Councillor H. Evans
Councillor Mrs. M. R. Sookias	Councillor Mrs. A. J. Naftalin
Councillor J. A. Martin	J. G. Ruddock

Other Members:

Dr. N. Crook	Mr. G. H. Kelsey
Mrs. M. Eagle	Mr. T. C. Smith

Necessitous Cases Sub-Committee

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Councillor J. A. Martin	Councillor F. T. Allen
Councillor H. Evans	Councillor Mrs. M. R. Sookias

Prosecutions Sub-Committee

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Councillor J. A. Martin	Councillor F. T. Allen
Councillor H. Evans	Councillor Mrs. M. R. Sookias

STAFF OF THE CITY HEALTH DEPARTMENT, 1965

Medical Officer of Health and Principal School Medical Officer:

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

Deputy Medical Officer of Health:

N. I. CONDON, M.B., B.Ch., B.A.O., L.M., D.P.H.
(to 31st March, 1965)

P. E. ELWOOD, M.B., B.Ch., B.A.O., D.P.H., D.R.C.O.G.
(from 20th April, 1965)

School Medical Officers and Assistant Medical Officers of Health

E. G. MYRA CUMMINGS, M.R.C.S., L.R.C.P., D.P.H.
PHOEBE H. CHANCE, M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health (part-time):

KATHLEEN M. C. GILLEN, M.B., Ch.B., D.P.H., D.R.C.O.G., D.C.H.

Principal School Dental Officer:

C. K. FENTON EVANS, L.D.S.
(to 7th April, 1965)

G. A. VEGA, B.D.S.
(from 1st April, 1965)

School Dental Officers:

D. G. HUTCHISON, B.D.S.
(part-time as from 1st October, 1965)

J. ICETON, L.D.S.
(from 15th November, 1965)

SHEELAH M. EVANS, L.D.S. (part-time to 23rd July, 1965)

JILL HUTCHISON, L.D.S. (part-time)

Dental Auxiliary:

MRS. S. M. HORSEMAN

Chief Public Health Inspector:

J. JONES, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H., SANITARY SCIENCE CERT.
R.S.H., SMOKE INSPECTOR'S CERT. R.S.H.

Deputy Chief Public Health Inspector:

G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I.

Public Health Inspectors:

D. CARRUTHERS, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H. (to 31st March, 1965).

B. OVERSBY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H.

J. M. TODD, CERT. P.H.I.E.B., MEAT AND FOOD CERT., R.S.H., SMOKE INSPECTOR'S CERT. R.S.H., DIP. PUBLIC HEALTH ENGINEERING.

P. D. ARROWSMITH, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H.

G. BOTTOMLEY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H.

D. DRAKES, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H., (from 19th July, 1965).

Pupil Public Health Inspectors:

G. W. KIRK
N. PANTLING

Superintendent Nursing Officer:

MISS E. M. DAY, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)

Health Visitors:

MISS K. LUKE, S.R.N., S.C.M., R.S.C.N., Q.I.D.N., H.V. (CERT.)
MISS M. CLARKE, S.R.N., R.S.C.N., H.V. (CERT.)
MISS R. M. CRAWFORD, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)
MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.)
MISS J. E. GREEN, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)
MISS J. WILLIAMSON, S.R.N., S.C.M., H.V. (CERT.)
MISS A. H. TAYLOR, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)
MISS B. M. LEES, S.R.N., S.C.M., H.V. (CERT.)
MISS G. J. SCOTT, S.R.N., S.C.M., H.V. (CERT.)
MRS. M. HOLROYD, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (part-time).
MISS M. A. BRIDGE, S.R.N., S.C.M. (Student from 7th October, 1965).
MISS S. A. EAST, S.R.N., B.T.A., (CERT.) (Student from 7th October, 1965).

Tuberculosis Visitor:

MISS C. A. THOMPSON, S.R.N., S.C.M., H.V. (CERT.), C.N.N.

Non-Medical Supervisor of Midwives:

MISS E. DITCHBURN, S.R.N., S.C.M., M.T.D.

District Midwives:

MRS. H. ROBINSON, S.R.N., S.C.M.
MISS D. E. BARKER, S.C.M.
MRS. A. M. CHIVERS, S.C.M.
MRS. G. M. ENGLISH, S.R.N., S.C.M. (from 20th September, 1965).
MISS J. H. HENSON, S.R.N., S.C.M. (to 31st March, 1965).
MRS. I. K. JOYCE, S.R.N., S.C.M., Q.I.D.N.
MRS. R. M. SHIELDS, S.R.N., S.C.M.
MISS J. FORD, S.R.N., S.C.M.
MRS. R. PARK, S.R.N., S.C.M.
MISS M. E. POTTLE, S.R.N., S.C.M. (from 1st June to 31st July, 1965).
MRS. B. MICHAEL, S.R.N., S.C.M. (from 14th May, 1965).

District Nurses:

MISS J. BARSLEY, S.R.N., Q.I.D.N.
MRS. M. COLE, S.R.N., Q.I.D.N.
MRS. M. A. ATKINSON, S.R.N., Q.I.D.N.
MISS L. M. DAWSON, S.R.N., S.C.M.
MRS. K. DREWERY, S.R.N., Q.I.D.N.
MISS J. GRIFFITH, S.R.N., Q.I.D.N.
MRS. A. HOWLETT, S.R.N., Q.I.D.N.
MRS. N. SMITH, S.R.N., S.C.M., Q.I.D.N.
MRS. N. TOYNE, S.R.N., Q.I.D.N.
MRS. F. WALMSLEY, S.R.N., Q.I.D.N.
MR. F. O. BELL, S.R.N., Q.I.D.N.
MR. W. BRIGGS, S.R.N., Q.I.D.N.
MR. J. H. PARKER, S.R.N., Q.I.D.N.
MR. C. J. NORTHCOTT, S.R.N., Q.I.D.N. (from 13th September, 1965).
MISS P. PYBONE, S.R.N. (part-time).

Clinic Nurses:

MRS. J. M. SWANN, S.R.F.N., S.C.M.
 MRS. K. PITCHFORD, S.R.N. (part-time).

Day Nursery:

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Warden	MISS D. F. PARKER, C.N.N.
Nursery Nurses	MISS E. M. E. DRIFFILL, C.N.N. MRS. J. GOODWIN, C.N.N. MRS. S. ELLIOTT, C.N.N. (from 1st April, 1965).

Chiropodists:

MISS S. M. MALT, M.Ch.S.
 J. F. WEBSTER, L.Ch., S.R.Ch.

Adult Training Centre:

Manager:	W. ZIELONKA, R.M.N., N.A.M.H. (DIPLOMA)
Assistants	J. J. POLLARD (to 3rd October, 1965). MRS. M. VALTERS MRS. I. M. WEARE T. RASEN (to 21st May, 1965) W. B. FLATTERS (from 14th June, 1965) E. F. NORRIS (from 28th June, 1965) R. Cox (from 8th November, 1965)

Junior Training Centre:

Supervisor:	MRS. B. SEARLE, N.A.M.H. (DIPLOMA)
Deputy Supervisor:	MRS. J. A. WEBB, N.A.M.H. (DIPLOMA)
Assistants	MRS. E. EITE, S.R.N. MRS. M. DOWMAN (to 31st July, 1965) MRS. F. M. HEATH, N.N.E.B. (CERT.) (from 6th September, 1965) MRS. E. L. SMITH, N.A.M.H. DIPLOMA. (from 26th May, to 4th June, 1965) MRS. S. DANIELS (from 27th April to 22nd July and from 1st September, 1965).

Hostel for Mentally Sub-Normal Adults:

Warden:	J. H. GEERLING, R.N.M.S.
Matron:	MRS. L. GEERLING
Deputy Warden:	W. PENTY (Part-time)
Deputy Matron	MRS. K. PENTY

Mental Welfare Officers:

J. B. GRACEY, S.R.M.N., S.R.M.N.D. (Senior Mental Welfare Officer)
 J. WEDGWOOD (to 30th June, 1965)
 K. G. RUSHBROOKE, S.R.N., R.M.N. (to 30th June, 1965)
 R. MASON, S.R.N., S.R.M.N., B.T.A. (CERT.) (from 1st July, 1965)
 MRS. C. A. WOOLLARD, B.A., DIPL. IN SOCIAL STUDIES (from 16th August, 1965)
 MRS. D. M. ROBSON, S.R.M.N. (from 1st October, 1965)

Ambulance Service:

Ambulance Officer	V. R. NORTH, F.I.A.O.
Deputy Ambulance Officer	H. LEEMING
Clerk	MISS J. M. WALLS
Clerk/Telephonist	MISS M. HOWE (from 8th June, 1965)
Driver/Attendants: 27 (at the end of the year)	

Home Help Service:

Organiser	MISS H. BALDWIN, M.I.H.H.O.
Assistant Organiser	MISS M. E. TREVIS, M.I.H.H.O. DIP.
Clerk	MISS S. E. MOYSES
Helps at the end of the year: Whole-time, 12; Part-time, 127	

Pests Officer:

A. H. WALKER

*Rodent Operators.*H. CHEETHAM
R. WOOLFITT*Dental Surgery Assistants:*

MRS. M. MILLIGAN, S.E.A.N. (to 28th February, 1965)
 MRS. J. ABELL (part-time as from 1st June, 1965)
 MRS. S. C. BERRY (to 28th, February, 1965)
 MRS. B. FRANCIS (part-time)
 MRS. S. BLYTH (from 12th April, 1965)
 MRS. B. GANDER (from 15th November, 1965)
 MISS F. SHERIFF (from 24th February, 1965)

Dental Health Education Officer:

MRS. J. ABELL (part-time from 1st June, 1965)

Lay Administrative Assistant:

J. C. MARTIN, A.R.S.H.

Clerks:

A. C. TAYLOR
 N. F. McLEOD
 P. A. COBBETT
 C. BECK (from 29th November, 1965)
 MISS M. A. BOYNTON
 MISS S. M. JOHNSON
 MISS E. KETTLEBORO
 MISS I. M. COOK
 MRS. E. S. CROFT
 MRS. E. GROCOCK (part-time clinic clerk)
 MRS. A. M. DEAN (part-time clinic clerk)
 MRS. M. MILLER (to 31st July, 1965)
 MISS L. J. STOCKS
 MISS P. SULLIVAN
 MISS P. A. CONSTABLE (to 17th December, 1965)
 MRS. S. A. BERESFORD (dental clinic clerk to 31st January, 1965)
 MISS B. BURN (clerk/receptionist, Chiropody clinic from 24th July, 1965)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	..	..	..	..	7,517
Number of dwelling houses, 1st April, 1965	..	..	..	..	25,383
Rateable Value, 1st April, 1965	..	..	..	..	£2,603,072
Sum represented by a penny rate	..	..	..	..	£10,300

VITAL STATISTICS

Population (estimate mid-year, 1965)	..	..	..	..	76,910
Live Births:—					
Number	..	..	..	..	1,354
Rate per 1,000 population	..	..	..	..	17.96
Illegitimate Live Births	..	..	..	..	123
Illegitimate Live Births—per cent of total live births	..	..	..	..	9.08
Still-births:—					
Number	..	..	..	..	13
Rate per 1,000 total live and still births	..	..	..	..	9.51
Total Live and Still Births	..	..	..	..	1,367
Infant Deaths (deaths under 1 year)	..	..	..	..	29
Infant Mortality Rates:—					
Total infant deaths per 1,000 total live births	..	..	..	..	21.42
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	20.31
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	32.52
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	16.99
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	..	..	..	..	14.77
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	..	..	..	..	24.14
Maternal Mortality (including abortion):—					
Number of deaths	..	..	..	..	1
Rate per 1,000 total live and still births	..	..	..	..	0.73
Net Deaths	..	..	..	..	887
Death Rate per 1,000 population	..	..	..	..	11.65
Tuberculosis Mortality Rate, per 1,000 population	..	..	..	..	0.05
Cancer Mortality Rate, per 1,000 population	..	..	..	..	2.30
Area Comparability Factors: Births 1.02 Deaths 1.01					

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	17.96	18.1
Still Birth Rate	9.51	15.8
Illegitimate Live Birth Rate per cent of total Live Births	9.08	7.7
Maternal Mortality Rate	0.73	0.25
Infant Mortality Rate	21.42	19.0
Neo-natal Mortality Rate	16.99	13.0
Perinatal Mortality Rate	24.14	26.9
Death Rate	11.65	11.5
Tuberculosis Mortality Rate	0.05	0.05
Cancer Mortality Rate	2.30	2.23

COMPARATIVE TABLE—LAST FIVE YEARS

	1961	1962	1963	1964	1965
Population	77,140	76,930	77,440	77,180	76,910
Net Live Births	1,482	1,418	1,412	1,414	1,354
Still Births	29	25	28	34	13
Net Deaths	896	935	913	857	887
Live Birth Rate	18.63	17.88	18.60	18.69	17.96
Still Birth Rate	19.19	17.32	19.44	23.48	9.51
Infant Mortality Rate	19.57	23.98	17.70	16.26	21.42
Neo-natal Mortality Rate	12.82	14.81	12.04	9.19	16.99
Maternal Mortality Rate	0.66	—	0.69	1.38	0.73
Death Rate	11.73	12.15	11.79	11.21	11.65
Tuberculosis Mortality Rate	0.04	0.08	0.05	0.05	0.05
Cancer Mortality Rate	1.98	2.26	2.09	2.03	2.30

Births

There were 1,354 live births registered in the year and 13 still births.

Deaths

There were 887 deaths (450 males and 437 females) giving an adjusted death rate of 11.65 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1965

		<i>4 wks & under</i>											
		<i>Under 4 wks.</i>	<i>1 year</i>	<i>1- yr.</i>	<i>5- yrs.</i>	<i>15- yrs.</i>	<i>25- yrs.</i>	<i>35- yrs.</i>	<i>45- yrs.</i>	<i>55- yrs.</i>	<i>65- yrs.</i>	<i>75 & over</i>	<i>Total</i>
Males	...	10	5	2	2	2	8	9	38	85	133	156	450
Females	...	13	1	-	3	-	2	13	25	46	96	238	437
		—	—	—	—	—	—	—	—	—	—	—	—
Totals	...	23	6	2	5	2	10	22	63	131	229	394	887
		—	—	—	—	—	—	—	—	—	—	—	—

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1965

Cause of Deaths		No. of Deaths	Males	Fe- males	4 wks and Under under		1-	5-	15-	Age in Years								75 and 65- over
					1-	5-				15-	25-	35-	45-	55-	65-			
Tuberculosis:																		
Respiratory	...	4	3	1	-	-	-	-	-	-	1	2	-	1	-			
Syphilitic disease	...	2	-	2	-	-	-	-	-	-	-	1	-	-	1			
Malignant Neoplasm:																		
Stomach	...	20	13	7	-	-	-	-	-	-	1	3	3	10	3			
Lung and Bronchus		37	31	6	-	-	-	-	-	1	-	6	15	7	8			
Breast	...	11	-	11	-	-	-	-	-	-	-	-	4	2	5			
Uterus	...	5	-	5	-	-	-	-	-	-	-	2	-	2	1			
Other malignant and lymphatic neoplasms		96	43	53	-	-	-	1	-	2	6	10	19	28	30			
Leukaemia and Aleukaemia	...	8	5	3	-	-	-	1	-	1	-	-	1	1	4			
Diabetes	...	7	3	4	-	-	-	-	-	-	-	1	1	1	4			
Vascular lesions of nervous system	...	106	37	69	-	-	-	-	-	1	2	1	9	24	69			
Coronary disease, angina	...	201	125	76	-	-	-	-	-	-	4	14	43	60	80			
Hypertension with heart disease	...	12	5	7	-	-	-	-	-	-	-	-	-	8	4			
Other heart disease	...	86	39	47	-	-	-	-	-	-	-	5	5	15	61			
Other circulatory disease	...	38	16	22	-	-	-	-	-	-	-	2	6	9	21			
Influenza	...	1	1	-	-	-	-	-	-	-	-	-	-	1	-			
Pneumonia	...	53	21	32	1	3	1	-	-	-	-	3	5	9	31			
Bronchitis	...	55	43	12	-	-	1	-	-	-	-	2	11	15	26			
Other diseases of respiratory system		5	1	4	-	-	-	-	-	-	1	-	-	1	3			
Ulcer of stomach and duodenum	...	5	4	1	-	-	-	-	-	-	-	-	-	5	-			
Gastritis, enteritis and diarrhoea	...	1	1	-	-	-	-	-	-	-	-	-	-	1	-			
Nephritis and Nephrosis	...	6	2	4	-	-	-	-	-	-	-	1	1	2	2			
Hyperplasia of prostate	...	6	6	-	-	-	-	-	-	-	-	-	-	-	6			
Pregnancy, childbirth and abortion	...	1	-	1	-	-	-	-	-	-	1	-	-	-	-			
Congenital malformations	...	11	4	7	3	2	-	2	-	1	1	2	-	-	-			
Other defined and ill-defined diseases		78	30	48	18	-	-	-	-	-	4	2	7	19	28			
Motor vehicle accidents	...	14	9	5	-	-	-	-	2	2	-	4	1	3	2			
All other accidents	...	11	7	4	1	1	-	1	-	1	-	1	-	2	4			
Suicide	...	7	1	6	-	-	-	-	-	1	1	1	-	3	1			
Totals	...	887	450	437	23	6	2	5	2	10	22	63	131	229	394			

DEATHS FROM CANCER

The deaths from Cancer during the year are shown in the Table below. It will be noted that there were 37 deaths from Cancer of the lung, which represents 4.1% of the total deaths. Of these 37 deaths, 31 were males and 6 were females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was nearly five times more common in males than in females and 17% of the total Cancer deaths were due to Cancer of the lung during 1965.

CANCER DEATHS, 1965

<i>Cause of death</i>	<i>No. of deaths</i>		<i>Under 1 yr</i>	<i>1-5</i>	<i>15-25</i>	<i>25-35</i>	<i>35-45</i>	<i>45-55</i>	<i>55-65</i>	<i>75& over</i>	<i>Total</i>
Malignant Neoplasm	20	{ Males	-	-	-	-	1	1	3	7	13
Stomach		{ Females	-	-	-	-	2	-	3	2	7
Lung and Bronchus	37	{ Males	-	-	-	1	-	5	14	6	31
		{ Females	-	-	-	-	1	1	1	3	6
Breast	11	{ Females	-	-	-	-	-	4	2	5	11
Uterus	5	{ Females	-	-	-	-	2	-	2	1	5
Other Malignant and lymphatic neoplasms	96	{ Males	-	-	1	-	1	2	6	7	15
		{ Females	-	-	-	-	1	4	4	12	15
Leukaemia, aleukaemia	8	{ Males	-	-	-	1	-	-	1	-	3
		{ Females	-	-	1	-	-	-	1	1	3
Totals	177	Males	-	-	1	-	3	12	25	24	92
		Females	-	-	1	-	4	9	17	26	85

Infant Mortality

There were 29 deaths under 1 year, giving an infant mortality rate of 21.42 per 1,000 live births. This rate is higher than the rate for 1964 which was 16.26 and is higher than the average rate for England and Wales which for 1965 was 19.0.

The following table shows the ages and cause of death:

<i>Cause of death</i>	<i>Under 1 wk</i>	<i>1-2 wks</i>	<i>3-4 wks</i>	<i>Total under 4 wks</i>	<i>1-3 mths</i>	<i>4-6 mths</i>	<i>7-9 mths</i>	<i>10-12 mths</i>	<i>Total</i>
Prematurity ...	13	-	-	13	-	-	-	-	13
Congenital Malformations	2	-	1	3	1	1	-	-	5
Pneumonia ...	-	-	1	1	2	1	-	-	4
Accident ...	1	-	-	1	-	1	-	-	2
Other Causes ...	4	1	-	5	-	-	-	-	5
Total ...	20	1	2	23	3	3	-	-	29

Perinatal Mortality

The perinatal mortality rate is the number of still-births added to the number of infant deaths during the first week of life expressed as a rate per thousand total births, both live and still. It therefore gives a measure of the risk to the foetus during pregnancy after the 28th week, and also during parturition, as well as the risk in the early days after birth.

In 1965, there were 13 still-births and 20 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 24.14. The rate for 1964 was 32.46.

The perinatal mortality rate for 1965 was lower than usual and was lower than the rate for England and Wales (26.9). This is explained by the fact that the number of still-births was lower than usual and the still-birth rate was lower than the average rate for England and Wales.

Suicide

During the year there were 7 deaths (1 male and 6 female) due to suicide and the causes of death are given in the table below. The number of suicides in the previous year was 8 (4 male and 4 female).

Cause of Death	AGE AND SEX								Total
	15 — 24		25 — 44		45 — 64		65 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Coal gas poisoning	—	—	—	1	—	1	1	1	4
Poisoning by Drugs	—	—	—	1	—	—	—	1	2
Drowning ...	—	—	—	—	—	—	—	1	1
TOTAL ...	—	—	—	2	—	1	1	3	7

LOCAL HEALTH AUTHORITY SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics

The average attendance per session (40.7) at the Infant Welfare Clinics was slightly less in 1965 than in the previous year (41.4) but there was in fact, an increase in the total number of attendances — 25,975 compared with 25,693 in 1964.

The number of children who attended the Clinics during the year was as follows:

<i>Born in</i>	<i>Born in</i>	<i>Born in</i>	<i>Total</i>
1965	1964	1960-1963	
<u>1086</u>	<u>1146</u>	<u>2020</u>	<u>4252</u>

Of the 4,252 children who attended, 159 were referred for special treatment or advice as a result of a medical examination — either to a general practitioner or to a Specialist for special diagnosis and/or treatment.

It is now felt that the Clinics held are adequate in number and correctly distributed throughout the City. The need to replace the unsatisfactory premises used for the St. Helen's Clinic, Skellingthorpe Road is urgent and it is regretted that the building of a new clinic in the Boultham Park area was not started in 1965, due to the restriction on Local Authority expenditure. However, it is hoped that the building of the clinic will be started by the end of 1966.

The Infant Welfare Clinics provided by the Local Health Authority at the end of the year were as follows:

<i>Place Held</i>	<i>Day</i>	<i>Time</i>
Maternity and Child Welfare Centre, 34 Newland	Tuesday	2—4 p.m.
	Tuesday	10—11-30 a.m. (by appointment)
Ravendale Clinic, Laughton Way	Friday	2—4 p.m.
	Tuesday	2—4 p.m.
	Thursday	10—11-30 a.m. (by appointment)
	Thursday	2—4 p.m.
St. Giles' Methodist Church Hall, Addison Drive	Thursday	2—4 p.m.
Blenkin Hall, St. John's Road, Newport	Friday	2—4 p.m.
Methodist Church Hall, Walmer Street, off Monks Road	Wednesday	2—4 p.m.
St. Helen's Church Hall, Skellingthorpe Road	Monday	2—4 p.m.
Methodist Church Hall, Swallowbeck	Friday	2—4 p.m.
	Tuesday	2—4 p.m.
Bracebridge Church Hall, Ewart Street, off Newark Road	Monday	2—4 p.m.
St. Luke's Church Hall, Birchwood Estate	2nd and 4th	
	Wednesday	10—12 noon
	5th	10—12 noon
	Wednesday	(by appointment)

The following table shows in detail the attendances at the Central Clinic at 34 Newland and at the various outlying Clinics:

		<i>No. of Sessions Attend.</i>	<i>Total Attend.</i>	<i>Av. Attendance per Session</i>	
				1965	1964
M. & C.W. Centre, Newland	p.m. Tues.	51	2677	52.5	51.6
„ „ (by appointment)	a.m. Tues.	21	227	10.8	10.1
„ „	Fri.	52	2505	48.2	53.5
St. Helen's Hall	Mon.	48	1688	35.2	42.2
„ „	Fri.	52	1897	36.5	41.6
St. Giles' Hall	Thur.	52	2263	43.5	43.1
Blenkin Hall	Fri.	52	2192	42.1	47.9
Swallowbeck Hall	Tues.	51	3136	61.5	53.1
Walmer Street Hall	Wed.	52	2486	47.8	46.3
Ewart Street Hall	Mon.	48	1737	36.2	38.9
Ravendale Clinic	Tues.	51	1837	36.0	36.1
„ „ (by appointment)	a.m. Thur.	29	279	9.6	9.0
„ „	p.m. Thur.	52	1268	24.4	26.1
St. Luke's Hall, Birchwood	2nd & 4th				
	Wed.	26	1773	68.2	57.7
„ „ „ „	5th				
„ „ „ „ (by appointment)	Wed.	1	10	10.0	13.5
		638	25975	40.7	41.4

Ante-Natal Clinics

The Ante-Natal Clinics provided by the Local Health Authority at the end of the year were as follows:

Maternity & Child Welfare Centre, 34 Newland	Wednesday	2—4 p.m.
Ravendale Clinic, Laughton Way	Monday	2—4 p.m.
St. Helen's Church Hall, Skellingthorpe Road	Thursday	2—4 p.m.
St. Luke's Church Hall, Birchwood Estate	1st & 3rd Wednesday	10—12 noon

The attendances at these ante-natal sessions were well maintained during the year and the availability of an ante-natal clinic at Birchwood was much appreciated by the young mothers living on the Estate. None of the general practitioners, however, has a surgery on the Estate and it has been found that several of the expectant mothers, although supposed to be attending their own doctor for ante-natal care, alternating their visits with those to the Local Health Authority's Clinic, have been failing to visit their own doctor after the initial booking visit. This is something over which we have no control; the visits to the Clinic are arranged to alternate with those the expectant mother is supposed to make to her own General Practitioner Obstetrician.

The number of women who attended the ante-natal clinics and the total number of attendances made during the past three years are given in the following table:—

	1965	1964	1963
Total number of women who attended during the year	741	823	864
Total number of attendances	2692	2922	2907

The Clinic premises at St. Helen's Church Hall continue to be unsatisfactory, but the number of women attending there, even after the opening of St. Luke's Clinic on the Birchwood Estate, far exceeds the number attending the other Ante-Natal Clinics, as will be seen from the following table:—

	<i>Sessions</i>	<i>Seen by Doctor</i>	<i>*Total Attendances</i>
Newland	52	340	736
St. Helen's Church Hall ..	52	413	1112
St. Luke's Church Hall ..	24	80	213
Ravendale	48	249	635

*including post-natal visits.

Each patient attending an ante-natal clinic is seen by the Medical Officer in attendance at her first visit and again at the 34th or 36th week of her pregnancy. Routine haematological investigations are carried out (Rh. Group, W.R. and Haemoglobin estimation) on these occasions and medical and obstetric examinations. If there is need for further haematological investigation to be carried out, this is undertaken at the required intervals by the Medical Officer at the clinic.

To give the best possible service to the expectant mother, it is essential that she attends early enough for this service to be implemented. It is also important that the General Practitioner, Midwife and the various Local Health Authority Services work as a team for the benefit of the women in their care. The completion of the co-operation card carried by each patient is evidence of the degree of co-operation achieved between all who are caring for the expectant mother. In the last month of pregnancy and in some cases

where the mother has a large family of small children, ante-natal care is carried out in the patient's own home. Reports of any investigation (chest X-ray, haematological, etc.) are sent to each doctor and midwife concerned and any abnormality discovered during attendance at the ante-natal clinic is referred to the general practitioner concerned for further treatment or investigation.

Ultra Violet Light Clinic

The Ultra Violet Light Clinic is held at the Maternity & Child Welfare Centre on Tuesday and Friday afternoons from 2 to 4 p.m.

The following table gives the number of cases treated and the number of attendances made:

	1965	1964
Total number of cases treated during the year.. ..	65	60
Total number of attendances	725	795

Children are given treatment on the recommendation of Medical Officers and at the request of the Consultant Chest Physician and of the cases treated at this clinic, 57 were school children and 8 were children under school age.

Supply of Welfare Foods

Welfare Foods are available, to those entitled to this benefit, at the main distribution point at the Newland Infant Welfare Centre during office hours and at all outlying clinics when the infant welfare sessions are held.

With the exception of orange juice, issues during the year were again reduced and compared with those for the previous year were as follows:—

	1965	1964
National Dried Milk tins	8,048	8,900
Orange Juice bottles	21,255	20,000
Cod Liver Oil bottles	1,284	1,418
Vitamin A and D Tablets packets	1,959	2,113

Care of Unmarried Mothers

The Health Committee's duty for the provision of care for unmarried mothers, when required, is carried out under an arrangement whereby the Lincoln Diocesan Board for Social Work make appropriate enquiries into cases where difficulties are anticipated and submit to the Health Committee each case where financial assistance is needed towards the cost of maintenance at a Mother and Baby Home. During the year, the Committee agreed to grants being made in four cases, compared with eight in the previous year. A grant of £350 was made by the Health Committee to the Lincoln Diocesan Board for the year 1965.

The number of illegitimate births during 1965 was 123 compared with 101 in the previous year. This represents a rate of 9.08% of total live births registered, compared with a rate of 7.14% in the previous year.

Day Nursery

The average daily attendance at the Newland Day Nursery during 1965 was considerably greater than in the previous year, despite the fact that the criteria for admission remained the same, children being admitted only when there was an urgent medical or social need. Children of school teachers employed by the Lincoln Education Authority and children of any qualified nurse employed by a Lincoln Hospital were also eligible for admission. These arrangements were made in order to help the staffing of the schools and the hospitals in Lincoln.

The number of children on the register varied between 48 and 55 and the average daily attendance was 38.3 compared with 33.6 in 1964.

The average daily attendance throughout the year was as follows:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
42.4	44.7	45.4	38.4	44.0	37.4	40.1	31.9	40.6	43.5	31.2	20.4

It is the policy to admit certain selected children who may be mentally handicapped in order to assess the degree of handicap and in the hope that some improvement may take place. Three such children attended the Nursery in 1965, one of whom was admitted to Primary School, one to the Junior Training Centre and the third, although five years of age, is to remain at the Nursery for another year.

In the last two months of the year Dysentery affected many children at the Nursery and at one time nearly half of the children were infected and it was considered advisable to close the Nursery for one week — from Friday night, 26th November to Monday, 6th December, in an effort to check the outbreak. During the time the Nursery was closed, the opportunity was taken to cleanse and disinfect the premises. Faecal specimens were obtained from every child and only those giving negative specimens were re-admitted when the Nursery re-opened; any child subsequently showing the slightest symptoms of Dysentery was sent home and was not re-admitted until proved free from infection. By these means the outbreak was controlled and by the end of the year the number of children affected had decreased to a few cases which seemed very resistant to all forms of treatment.

The prefabricated cedar wood structure, "The Cabin", which was completed in November, 1964, has proved to be very satisfactory and is a pleasure to work in. Twenty-five children, aged 3 to 5 years, are normally accommodated in this building.

The training of Nursery Nurses continued and four students entered for the N.N.E.B. Certificate in July and were successful.

On 31st December, 1965, the staff of the Nursery consisted of:

Matron

Deputy Matron

Warden

3 Nursery Nurses

2 Student Nursery Nurses (first year)

2 Student Nursery Nurses (second year)

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

At the end of the year, two nurseries and two child minders were registered under the above Regulations.

One of these nurseries is registered for 24 children and the other is in fact a Play Group which is held in a Church Hall on two mornings per week and a maximum of 12 children may be accommodated.

The minders live in modern semi-detached houses in the South of the City and are registered to care for eight children.

Although a number of enquiries regarding registration are received, in fact, few pursue the matter, especially when they are informed that they can care for one child or two children from the same family, without being liable for registration.

Dental Care — *Chief Dental Officer: G. A. VEGA, B.D.S.*

The staffing position fluctuated during the year and at the end of December there were two full-time and two part-time Dental Officers as well as a Dental Auxiliary.

The statistics for the year show an increase in attendances and treatment of both mothers and pre-school children. Mothers of the very young children tend to show more concern and awareness of the inherent dangers associated with miniature feeders and teats and are increasingly asking for advice and treatment for their children and themselves.

The Dental Health Campaign opened by the Mayor of the City in November, although aimed primarily at the younger school children, also embraced the Maternity and Child Welfare Groups. Talks were given to 'Stork Clubs' and 'Mothers' Clubs' and members of the Dental Staff were on duty with tableaux at Clinics. It is earnestly hoped that, as a result of the Campaign, a much greater interest will be taken in the care of teeth during pregnancy and during a child's pre-school life. Full details of the Campaign are given in the Appendix to the Principal School Medical Officer's Report.

There is much room for improving the services offered to this class of patient but, until there is an increase in the number of dental surgeons available in both the General and School Dental Services, any major improvement in the present situation is unlikely.

CARE OF MOTHERS AND PRE-SCHOOL CHILDREN NUMBERS PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Referred</i>	<i>Total Attendances</i>
Expectant and Nursing Mothers ...	106	96	365
Children under five ...	201	134	578

FORMS OF TREATMENT PROVIDED

	<i>Extrac- tions</i>	<i>Anaesth- etics</i>	<i>Fillings</i>	<i>Silver Nitrate</i>	<i>Dressings etc.</i>	<i>Radio- graphs</i>	<i>Dentures</i>
Expectant and Nursing Mothers	189	160	319	—	29	40	24
Children under five ...	70	33	591	54	110	9	—

					<i>Scaling and Gum Treatment</i>	<i>Root Filling</i>
Expectant and Nursing Mothers	...	...	...	...	43	1
Children under five	...	...	...	...	23	5

MIDWIFERY

Non-Medical Supervisor of Midwives: MISS E. DITCHBURN

Staff

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951. The Medical Officer of Health is the Medical Supervisor of Midwives, approved by the Central Midwives Board, and Miss E. Ditchburn is approved as Non-Medical Supervisor of Midwives.

Changes in the staff of the domiciliary midwifery service during the year were as follows:—

Miss J. H. Henson resigned on 31st March after her marriage and Mrs. B. Michael was appointed as her successor, commencing duties on 14th May, 1965.

Mrs. G. M. English rejoined the staff on 20th September.

There were no vacancies at the end of the year.

Refresher Courses and Further Training

The following attended Refresher Courses during the year:

Mrs. H. Robinson, Cheltenham, 5th to 11th September, 1965; Mrs. I. K. Joyce, Southampton, 28th March to 3rd April, 1965; Mrs. B. Michael, Bristol, 18th to 24th July, 1965; Miss B. M. Lees (*Health Visitor*), Birmingham, 5th to 11th September, 1965.

Training of Pupil Midwives

The training of Pupil Midwives continued in 1965 in conjunction with the Lincoln Maternity Home. In January, 1965, Miss Fensome, Education Supervisor for the Central Midwives Board visited the Department and the report received from her was most satisfactory.

At the end of the year, six of the District Midwives were on the register of Approved District Teachers. Eleven pupils completed their training during 1965 and one pupil was in training at the end of the year. Tutorial classes are held weekly, if possible, by the Non-Medical Supervisor of Midwives and Public Health Lectures are given by the Deputy Medical Officer of Health. An attempt is made to show the part played by the Local Health Authority in the care of expectant mothers and young children, as well as the other branches of the Local Authority Service. The pupils are encouraged to take part in the Stork Club sessions held at the Newland and Ravendale Clinics and each pupil is expected to give one of the short talks at these sessions, the subjects chosen being well within their knowledge as pupil midwives.

Transport

Four midwives are car drivers, three use "scooters" and two ride bicycles. It is hoped that all the midwives will eventually be able to use a car for their work and until this is the case, it is the practice to allow midwives without cars to call on the Ambulance Service for transport during the hours of 10 p.m. to 7 a.m. if required to attend a patient living out of the area normally covered by them. It has been necessary on a few occasions however, to provide transport during daylight hours, as it is impossible for all the equipment necessary at a delivery to be carried on a bicycle.

Notification of Intention to Practise

65 midwives notified their intention to practise in the area during the year 1965.

16 practised in domiciliary midwifery, including one midwife who worked in a private capacity.

31 practised from Hospitals, 13 practised from Nursing Homes under the control of the Hospital Management Committee and 5 from the Quarry Maternity Home, which is under the control of the Lincoln Diocesan Board for Social Work.

Distribution of Confinements

The total number of births (live and still) occurring during the year 1965 was 1,343; of this number 518 were domiciliary births and 825 hospital confinements. Of the domiciliary births, 4 were delivered by a Private Midwife. The number of births registered during the year (live and still) was 1,367 — Registrar-General's figure — compared with 1,448 in 1964.

There was a slight decrease in the number of cases attended by the District Midwives as the following table shows:—

Cases attended by District Midwives

1961	..	..	..	618
1962	..	..	..	640
1963	..	..	..	593
1964	..	..	..	554
1965	..	..	..	518

The midwives paid 12,548 visits during 1965 compared with 14,763 visits in 1964 and 14,698 during 1963. The reduction in the domiciliary confinements is mainly due to the booking for hospital delivery of all patients "at risk" and an attempt is made by Matron and her staff to accommodate at the Lincoln Maternity Home all who are having their first babies and those who have adverse obstetric or medical history. Those expectant mothers who have poor social circumstances are also accepted for hospital delivery.

It is gratifying to record a reduction in the number of still-births from 34 in 1964 to 13 in 1965. The causes of these still-births appeared to be as follows:—

Toxaemia of pregnancy	..	6
Essential Hypertension..	..	1
Pyelitis of Pregnancy	..	1
Anencephaly	..	2
Accidents of delivery	..	1
Maternal Hydramnios	..	1
No apparent cause	..	1
		—
		13
		—

Of the infant deaths, 20 occurring during the first week of life, the causes appeared to be.

Prematurity	..	..	..	..	13
Birth injury	..	..	..	..	3
Anencephaly	..	..	..	..	2
Acute infection	..	..	..	..	1
Haemolytic disease of the newborn	..				1
					—
					20
					—

Toxaemia of pregnancy and prematurity are often associated and it is therefore clear that one of the main ways in which the still-birth rate and the perinatal mortality rate can be reduced in Lincoln is by more careful supervision of the expectant mother during her pregnancy, starting her ante-natal care preferably at the 12th week of pregnancy, if not earlier. Correct diet, weight gain awareness and good instruction in the hygiene of pregnancy can then be instituted early enough to be of real value.

Analgesia

Trilene analgesia was administered by means of a Cyprane Inhaler in 394 cases, 42 cases where the Doctor was present and 352 where he was not present. The Minnitt Gas/Air machine was not used in 1965. Pethidine was administered in 315 cases.

Chest X-ray of Expectant Mothers

Under the scheme started in 1954, all expectant mothers who have not had a chest X-ray during the year of the pregnancy or during the previous year are asked to attend for examination. Many are found to have availed themselves of the facilities of the Mass Radiography Unit prior to the present pregnancy and it is not thought necessary to refer them again under this scheme. Arrangements are made for the X-ray to be carried out at the Chest Clinic, Mint Lane and during 1965, the number of expectant mothers X-rayed under this scheme was as follows:

Referred by General Practitioners	..	..	..	61
Referred by Local Authority Ante-Natal Clinics	..			203
Referred by Maternity Hospital Ante-Natal Clinics	..			369

				633

Of the 633 expectant mothers X-rayed, 168 lived outside the City.

The following table shows the number of abnormalities discovered during the year as a result of the investigations:

Calcification, healed lesion, etc.	..	..	..	..	27
Rib abnormalities	..	..	..	..	5
? Cardiac enlargement	..	..	..	..	1
Chronic bronchitis and emphysema	..	..	..		1
Old Tuberculous case known to Chest Clinic	..	..			1

					35

The number of expectant mothers who attended for a Chest X-ray during the past 5 years is shown below:

1961	1962	1963	1964	1965
504	620	587	591	633

During the year, 17 women attended for a Chest X-ray after their babies had been born, as they presented themselves later in pregnancy than the 7th month, after which time, it is preferable to defer examination until the post-natal period.

Environmental Reports

The Lincoln Maternity Home, with only 26 beds, together with a few beds which are available from time to time at the Bromhead Maternity Home, constitute the total maternity accommodation available for expectant mothers who wish to be confined in hospital. Although the total number of births decreased again in 1965 and was 168 fewer than in 1961 when the greatest number of births occurred, the Hospital maternity provision is still not adequate to provide a bed for all the women who should be confined in hospital. The use of the Reynard Hospital at Willingham as a post-natal hospital has alleviated the position to some extent, as has the increasing use of the early discharge system.

The three factors mentioned above have meant that more women who wished to be confined in hospital were able to be admitted and therefore the number of environmental reports requested was far fewer. Only 23 reports were requested in 1965 and in 12 of these cases, hospital delivery was recommended.

Early Hospital Discharge

Special arrangements are made following the early discharge of mothers and babies from the Lincoln Maternity Home, Bromhead Maternity Hospital and R.A.F. Hospital, Nocton Hall. Mothers returning home prior to the tenth day after the birth of their babies must, according to the Rules of the Central Midwives Board, be in the care of a midwife and they are therefore transferred to the care of the Local Health Authority Midwife in whose area she resides.

The number of early hospital discharges during the past four years were as follows:—

1962	..	..	..	73
1963	..	..	..	116
1964	..	..	..	123
1965	..	..	..	134

The number of visits required by each case varies considerably. Some of these mothers and babies return home after 48 hours, but the usual time is between the 5th and 7th day after delivery. It is hoped in future years to give a more accurate estimate of the number of nursing visits carried out by the midwives in caring for these mothers and babies who are discharged early from hospital and nursing home.

Co-operation

It is fortunate that the relations between the Hospital Midwifery Staff and those of the Local Health Authority are as satisfactory as the human failings will allow. Access to information concerning expectant and delivered mothers is important to those concerned with their welfare and this information may be obtained from either the Hospital or Local Health Authority when needed. All reports received by the Local Health Authority are photographed and copies are then sent to the midwives, general practitioners and, in some instances, to the hospitals concerned. All reports are despatched from the Department on the day that they are received. Should the report necessitate speedy action, the general practitioner concerned is contacted by telephone and the report given verbally.

Under these arrangements the relationship between the General Practitioners and the Local Authority midwives is satisfactory. In some areas, the attachment of midwives to General Practitioner Practices is becoming more common and whilst this is looked upon with favour by the general practitioners and the patients, it seems that there is much wastage of a midwife's working time; the travelling involved to cover one area has in many cases increased very considerably and it has also resulted in midwives finding their colleagues carrying out nursings in the same street and even in the next house. This does not seem to be the best use of a midwife's time and there has therefore been no change in the deployment of the domiciliary midwives in Lincoln.

Four meetings of the Lincoln and District Advisory Committee were held during the year and the Medical Officer of Health, Superintendent Nursing Officer and the Non-Medical Supervisor of Midwives represented the Local Health Authority at these meetings. The Medical Officer of Health and the

Non-Medical Supervisor of Midwives also attended a Conference of representatives of the Maternity Liaison Committees of the Region at Nottingham on 20th October, 1965. This meeting was the second of its kind held in the area and was very helpful.

Home Nursing Service for Premature Babies

This service, introduced in July, 1963, continued to provide the special care that is required by these small premature and often very immature babies.

Three of the Domiciliary midwives employed by the Local Health Authority have received special training for this aspect of their work at St. George's Hospital, Lincoln, viz: Miss Ford (St. Faith's area), Mrs. Park (Bracebridge area) and Mrs. English (Newport area). These midwives are also employed, on a rota system, to escort premature babies needing admission to hospital during which journey the portable incubator is used.

The work of looking after these small babies involves teaching the parents how to care for them during the time the midwife is not there and this includes making them aware of the dangers of inadequate heating and the special needs of these babies, particularly the extra care and attention to cleanliness required in all its aspects.

Notification of Congenital Malformations

During the year, 10 babies born in 1965 were notified as having congenital malformations observed at birth and details of these malformations are as follows:—

Anal atresia	..	..	..	..	..	..	..	1
Enlarged heart, polycystic kidney, facial palsy	..	..						1
Hypospadias	..	..	..	..	..	..	..	1
Talipes	..	..	..	..	..	..	..	5
Hydrocephalus	..	..	..	..	..	..	..	1
Anencephalus	..	..	..	..	..	..	..	1

There is no doubt that the above figures do not represent the true incidence of congenital defects but the table is in accordance with the Ministry of Health's instructions that notification of congenital defects should be confined to those "observed at birth".

General Remarks

There was a slight decrease in the total number of births in Lincoln during 1965 and the number of domiciliary births again decreased from 554 in 1964 to 518 in 1965. The reduction in the domiciliary births was affected by the reduction in the total number of births during the year and also to the fact that an increasing number of women were able to be delivered in hospital and then discharged early to be nursed by the domiciliary midwives. The number of mothers who were "early discharges" from hospital during 1965 was 134. This arrangement allows a greater number of women to be confined in hospital than was formerly the case and the majority of women having their first baby are now able to be confined in hospital. The success of the early discharge scheme, however, depends on close co-operation between the Hospital staff and the Local Authority staff. In Lincoln the degree of co-operation is satisfactory and the arrangements work smoothly.

The off-duty period of the domiciliary midwives has been increased to two days each week and the days off are so arranged that one week-end in three consists of a four day period off duty. This is the only way that the domiciliary staff can, apart from working a shift system, be brought anywhere near the off duty hours of the Hospital staff.

HEALTH VISITING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

At the end of the year, the staff consisted of the Superintendent Nursing Officer, ten Health Visitors (including one Tuberculosis Health Visitor), two part-time Health Visitors, three School Nurses and two Clinic Nurses (one part-time).

Miss M. A. Bridge and Miss S. A. East commenced their training as Health Visitors at Leeds University in October, 1965.

Post-Graduate Courses

Miss M. Clarke attended a course in Bangor arranged by the Health Visitors' Association.

Miss J. Scott and Miss B. Lees attended a short course in London arranged by the Institute of Laryngology and Otology on "The detection of deafness in young children".

Training of Hospital Personnel in Social Aspects of Diseases

The staff of the Health Department are pleased to continue to play their part in this important section of the training of student nurses. In general, the students are very interested in Public Health and the concept of preventive medicine is an aspect of the work which is often quite new to them.

Talks on the Social Services are given to student nurses at the Hospital Nurses' Training School by the Superintendent Nursing Officer to each new school of nursing.

Home Visiting

The most important work of the Health Visitor is done in the homes of mothers with young children and it is pleasing to report that the visits paid to children under 5 years of age increased from 14,767 in 1964 to 15,841 in 1965. Many mothers have good reason to appreciate the help of the Health Visitor, particularly those who are very young, immature and scarcely ready for the onerous responsibilities of providing good child care. A few mothers require a considerable amount of help and in many instances, re-assurance is of no less importance than the advice which is given.

The advice on child care and general health education matters given in the home is complementary to the advice given in Infant Welfare Clinics and a large proportion of the Health Visitors' time is occupied by attendance at these Clinics.

Tests for Phenylketonuria are carried out on every infant born in the City. The first test is done by the midwife in the case of domiciliary births, or by the staff of the maternity hospital on or about the 10th day. The second test is undertaken by the Health Visitor between the 4th and 6th week after birth, at home or at the infant welfare clinic.

The hearing of children considered to be "at risk" is tested at regular intervals and in 1965, 439 of these children were so tested.

The Health Visitors are constantly reminding mothers of the dangers of unguarded fires and other hazards in the home. During the year, 24 tenants of Corporation houses took advantage of the offer to buy British Standard Fireguards by weekly payments and to have them fixed free of charge. Since this scheme was introduced at the beginning of 1963, 120 fireguards have been fitted in Corporation houses.

Part of the Health Visitors' work is to educate mothers regarding the importance of the vaccination and immunisation programme for young children and they encourage all members of the family to take advantage of the facilities available to them for the detection and prevention of disease. Now that several infectious diseases are becoming increasingly less common, the need for health education measures to prevent them by immunisation is all the more necessary.

Close co-operation is maintained with all the other agencies concerned with family welfare and, as far as possible, multiplicity of visitors and overlapping of work is avoided.

Details of the visits paid by the Health Visitors during 1965 are given in the following table:—

HOME VISITING—HEALTH VISITORS

<i>Cases Visited by Health Visitors</i>	<i>Number of Cases</i>	<i>Number of Visits</i>
Children born in 1965	1,315	4,912
Children born in 1964	1,496	3,497
Children born in 1960-63	3,714	7,432
Total	6,525	15,841
Persons aged 65 years or over	69	162
Mentally disordered persons	9	37
Persons, excluding Maternity cases, discharged from hospital	1	7
Expectant Mothers	286	367
Visits to other cases	—	1865
Total visits		18,279

Health Education

In an ideal situation, one person should be responsible for formal health education. Preparation of talks, arrangements of displays, making and painting display material and changing and transporting displays are very time consuming and with the present complement of health visitors, it is virtually impossible to do very much in the way of group education, apart from the work done at the ante-natal classes and mothers' clubs, which is considerable.

Health education with the individual is a continuing process, both at home and in the clinics, and this is carried out by all members of the staff. One Health Visitor teaches weekly in a Girls' Secondary Modern School. It has not been possible to extend this teaching to other schools, but the Health Department staff are always willing, if invited, to give a talk or lecture on some aspect of health to fit in with the school programme.

Mothercraft Classes — The Stork Clubs

"The Stork Clubs", three in number, continue to be very popular and the attendances during 1965 were as follows:—

Newland Club (Monday and Thursday afternoons)

No. on register at 31st December	97
Average attendance	24
Total attendances	2194

Ravendale Club (Wednesday afternoons):

No. on register at 31st December	21
Average attendance	17
Total attendances	899

The lower attendance figure for the Newland Clubs, when compared with the previous year, is no doubt due to the fact that there was a decrease in the number of births during 1965.

It is unfortunate that, as with all clinics, those whom it is felt would derive the most benefit from the talks and discussions, are those who prove the most resistant to any suggestion that they should attend.

Mothers' Clubs

The Mothers' Clubs held at Ravendale Clinic, "Beaumont House", Beaumont Fee and the Hartsholme Church Hall, continue to be very popular and well attended. Young mothers who are strangers to Lincoln and often lonely are particularly invited by the Health Visitors to join one of the three Clubs. Each Club has its own Committee and elects its own Officers, who are responsible for the arrangements for the meetings, for booking speakers, etc. One Health Visitor attends at each meeting and as far as possible, the majority of the topics discussed are connected with the Health and Welfare of the community.

We are grateful to members of the Health Department Staff who give of their free time to talk and lecture and also to the Health Visitors who attend the fortnightly meetings and act as guide and friend to the Committees of young mothers.

The number on the register and the average attendance at the Clubs during 1965 were as follows:—

	<i>Number on Register</i>			<i>Average Attendance</i>
Ravendale Club	..	..	53	33
'Beaumont House' Club	..	..	81	45
Swanpool Club	..	..	96	43

Problem Families

Work among problem families is singularly unrewarding and history has a depressing tendency to repeat itself. By constant visiting and support, one hopes that the situations and conditions in which these families find themselves will at least not deteriorate and in some cases will improve. Mrs. K. Collins, Social Worker employed by the N.S.P.C.C., was a great help to the Health Visitors in giving practical assistance and instruction to some of the more serious problem families, as indeed were the two Inspectors. Unfortunately, Mrs. Collins left Lincoln in July and it has not been possible to recruit a replacement.

The number of problem families engaging the attention of the Health Department and Social Workers of other Departments remains fairly constant — approximately seventy. Twenty-nine families were considered to be potential problem families.

The Social Workers Co-ordinating Committee meets every two months under the Chairmanship of the Medical Officer of Health. Officers of the following Corporation Departments attend: Children, Education, Health, Housing and Welfare — together with representatives of the National Assistance Board, Ministry of Labour, the Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln Diocesan Board for Social Work, Hospital Almoner Service and the Women's Voluntary Services. Six meetings were held during the year and the problems associated with twenty-seven families were discussed at these meetings.

HOME NURSING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

The establishment of the District Nursing Staff at the end of the year consisted of 14 full-time nurses and one part-time nurse. A fourth male nurse was appointed in September and from that date, the City was divided into two areas, each served by two male nurses who work together and relieve each other. The appointment of this additional male nurse has greatly eased the position regarding holiday relief and has enabled a better service to be given, particularly to the elderly men with no-one to look after them, who have recovered from an acute illness but who do need continuing care and attention and to be kept under observation.

Queen's Institute of District Nursing Training Course

Five nurses attended this Course, organised by the Lindsey County Council in conjunction with the Queen's Institute and all were successful in obtaining the Queen's Certificate and also the National Certificate of District Nursing.

Great credit is due to these nurses for the hard work which they did in preparation for this examination, particularly on the theoretical side, and thanks are due to their colleagues who "covered" a double district during lecture days. Thirteen members of the staff are now "Queen's Nurses".

General Remarks

There has been little change in the general pattern of nursing or in the type of cases which are nursed at home. With the increasing pressure on hospital beds, it seems probable that in the future patients will be discharged to their homes at an earlier date than is the case at present and this would be welcomed by the District Nursing Staff.

The following table shows that there was a slight increase in the number of cases attended (1,227 compared with 1,188 in the previous year) and also a slight increase in the number of visits paid by the Home Nurses:—

HOME NURSING

	1965	1964	1963
No. of cases attended by the Home Nurses ...	1,227	1,188	1,236
No. of visits paid by the Home Nurses ...	32,514	32,209	31,906
No. of patients aged under 5 at time of the first visit	19	22	15
No. of patients aged 65 years and over at time of first visit	765	686	715

One of the most helpful aids in recent years for both patients and nurses has been the supply of incontinence pads for patients being nursed at home. These pads are available on request from the Health Department and during 1965, approximately 100 patients used these pads. To date the disposal of soiled pads has presented no difficulty, but special arrangements for disposal may have to be made at a future date.

Marie Curie Memorial Foundation Day and Night Nursing Service

This Service, for patients suffering from cancer and introduced in Lincoln in November, 1964, is financed by the Marie Curie Memorial Foundation and administered by the Medical Officer of Health. At the end of the year,

five State Registered Nurses were available to undertake night duty of approximately 8 hours on two or three nights per week, as required. All the patients nursed were in the terminal stage of their illness and the fact of having trained nurses on duty during the night gave relatives confidence. The Local Authority's District Nurses continued to nurse these patients during the day-time and the Night Nursing Service meant that they were able to remain in their own homes instead of being admitted to hospital. During 1965, of the 23 patients nursed, 5 only were transferred to hospital.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Following Ministry of Health advice, records of vaccination against Smallpox are no longer kept by the Health Department for persons over sixteen years of age.

This Annual Report is the second in which it has been possible to compare numbers of primary vaccination in children with the previous policy of primary vaccination in infancy. With the present policy, fewer children are being vaccinated — this is regrettable. There has, however, been an encouraging rise between the 1964 vaccination figure (321) and 1965 (487). Nevertheless, fewer children are being vaccinated as attendances at Infant Welfare Clinics become less frequent as a child grows older.

A summary of the vaccinations carried out during 1965 is as follows:—

Vaccinations	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1965 Total</i>
By Local Health Authority's Staff	20	360	10	390
By General Practitioners ...	12	127	6	145
TOTALS	32	487	16	535

Re-vaccinations

By Local Health Authority's Staff	—	5	9	14
By General Practitioners ...	—	11	23	34
TOTALS	—	16	32	48

Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

The programme for immunisation against Diphtheria, Whooping Cough and Tetanus remained unchanged in 1965. The primary course consists of a total of four injections given at the 4th, 5th, 6th and 16th month of life. A "booster" injection, without the Whooping Cough antigen is given when the child enters School, and the ready co-operation of head teachers and staff in the arrangements for carrying out the immunisation programme at schools is much appreciated.

This programme of immunisation is, of course, altered to suit any individual case (e.g. if parents prefer single antigens or if there has been delay due to illness).

The number of children immunised in 1965 shows no significant change from the number in 1964, as will be seen from the following table:—

Primary Courses Completed				<i>Under</i>	<i>1-4</i>	<i>5-14</i>	<i>1965</i>	<i>1964</i>
				<i>1 year</i>	<i>years</i>	<i>years</i>	<i>Total</i>	<i>Total</i>
<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...			-	-	7	7	6
Diphtheria-Tetanus	...			6	28	64	98	148
Diphtheria-Tetanus-Pertussis	...			690	128	2	820	813
Diphtheria-Tetanus-Pertussis-Polio	...			-	-	-	-	-
<i>By General Practitioners:</i>								
Diphtheria-Tetanus	...			-	2	2	4	1
Diphtheria-Tetanus-Pertussis	...			219	89	10	318	376
Diphtheria-Tetanus-Pertussis-Polio	...			8	-	-	8	21
Totals	...	...	...	923	247	85	1255	1365

Re-inforcing Injections

<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...			-	-	49	49	72
Diphtheria-Tetanus	...			-	19	695	714	662
Diphtheria-Tetanus-Pertussis	...			-	757	3	760	848
<i>By General Practitioners:</i>								
Diphtheria-Tetanus	...			-	3	14	17	4
Diphtheria-Tetanus-Pertussis	...			-	190	45	235	155
Diphtheria-Tetanus-Pertussis-Polio	...			-	7	-	7	5
Totals	...	...	...	-	976	806	1782	1746

In an effort to immunise a high proportion of the community, the scheme of home immunisations was continued. Where families are unable to attend an infant welfare clinic or their own general practitioner, a medical officer and health visitor visit the home. This service is greatly appreciated by hard-pressed mothers and is a means of reaching those families who have been most resistant in the past to immunisation propaganda.

Immunisation against Tetanus only

Tetanus immunisation was again offered to primary school children who had not been immunised in infancy, but this number remains small since triple antigen (i.e. antigen containing tetanus toxoid) is almost exclusively used in the immunisation of infants.

Good co-operation exists between the Casualty Department of the County Hospital and the Health Department. It is a simple matter for the state of immunisation of a casualty to be given from the Health Department records to the Casualty Officer. He then decides whether the casualty's immunity is satisfactory and in this way, the use of anti-tetanus serum is kept to a minimum. The Casualty Department informs the Health Department of any tetanus immunisations carried out in the hospital, so that any future immunisation procedure may be modified if necessary.

The following table shows the number of children immunised against Tetanus and receiving booster injections during 1965:—

<i>Primary Courses Completed:</i>				<i>Under</i>	<i>1-4</i>	<i>5-14</i>	<i>1965</i>	<i>1964</i>
				<i>1 year</i>	<i>years</i>	<i>years</i>	<i>Total</i>	<i>Total</i>
By Local Health Authority's Staff				-	-	32	32	39
By General Practitioners				-	-	5	5	13
Totals	...	...	...	-	-	37	37	52
<i>Re-inforcing Injections:</i>								
By Local Health Authority's Staff...				-	1	10	11	8
By General Practitioners				-	4	8	12	10
				-	5	18	23	18

Poliomyelitis Vaccination

An ample supply of Sabin Oral vaccine was available throughout 1965, and although Salk type vaccine is still available in small quantities its use has now been practically discontinued; only two General Practitioners in the City used Salk vaccine and it will be seen from the Table that out of a total of 1635 primary vaccinations completed only 13 were done with this type of vaccine.

The policy of offering a fourth dose of vaccine to children in their first year at school was continued and 919 children were given a fourth dose in school, mostly during the Summer term. There is now no reason why any child under the age of 16 should not have had a reinforcing dose of vaccine if the parents so desire.

The practise of holding open Polio vaccination sessions was discontinued in 1963, as very few people took advantage of them, the last open session held in that year was attended by fewer than 50 persons. During August 1965, however, the wide publicity given to a number of cases of Poliomyelitis in Blackburn resulted in a vastly increased demand for Polio vaccination and it was decided to hold an open session; the response exceeded all expectations, 1267 doses of vaccine being administered in a three hour session. In view of this response another open session was organised two weeks later which was almost as well attended as the first, 1227 doses being given. A third open session held during the last week in September was attended by only 305 people but at this time the Blackburn outbreak was under control and was being given little publicity and there is no doubt that the public generally require a spur in the shape of a Polio outbreak before they will take advantage of the facilities offered for vaccination. In all, 1728 persons aged 16 and over were given a complete primary course (3 doses) of Oral vaccine and 923 persons aged 16 and over were given reinforcing doses. It was somewhat disappointing that 569 persons failed to attend to complete their primary courses after having one or two doses of Oral vaccine.

It has hitherto been the practice to give a table showing the total numbers vaccinated since the scheme started in April, 1956, but the Ministry of Health has now stated that Local Authorities need no longer keep records for persons of 16 years and over and should not pay General Practitioners for sending in record cards for such persons. The table given below is in accordance with the Ministry's requirements and shows the number of persons under the age of 16 given (I) Complete Primary Courses and (II) Reinforcing Doses during the year. As a matter of interest, so far as can be ascertained the total number of persons given a complete primary course since the scheme started is now 42883; this figure does not include those persons over 15 vaccinated by General Practitioners during 1965 for whom no record cards have been received but this number would not make a substantial difference.

POLIOMYELITIS VACCINATION — YEAR ENDED 31st DECEMBER, 1965

Vaccination of Persons Under Age 16 Completed During the Year

In addition to the undermentioned, 1728 persons over the age of 16 were given complete primary courses of Oral vaccine by Local Authority Staff. 923 reinforcing doses were given to persons over 16.

- A complete course of Poliomyelitis vaccination consists of one of the following:—
- 2 injections of Salk vaccine
 - 3 injections of Quadruple vaccine
 - 3 doses of Sabin (Oral) vaccine.

The following are all classed as reinforcing doses:

A third or fourth injection of Salk vaccine.

A fourth or fifth injection of Quadruple vaccine

A dose of Oral vaccine after:—

(a) three doses of Oral vaccine.

(b) two Salk injections.

(c) three Salk injections.

(d) two Salk injections plus one Oral dose.

(e) two Salk injections plus two Oral doses.

Table I — Completed Primary Courses

		<i>Children born in years</i>					<i>Others under aged 16</i>	<i>Total</i>
		1965	1964	1963	1962	1958-61		
By Local Authority Staff:								
	Salk	—	—	—	—	—	—	—
	Sabin	148	718	148	84	160	51	1309
By General Practitioners:								
	Salk	4	3	2	1	3	—	13
	Sabin	36	172	65	17	18	5	313
	Totals	<u>188</u>	<u>893</u>	<u>215</u>	<u>102</u>	<u>181</u>	<u>56</u>	<u>1635</u>

Table II — Reinforcing Doses

By Local Authority Staff:								
	Salk	—	—	2	—	—	—	2
	Sabin	—	1	2	1	887	145	1036
By General Practitioners								
	Salk	—	4	5	2	5	—	16
	Sabin	—	6	16	7	29	10	68
	Totals	<u>—</u>	<u>11</u>	<u>25</u>	<u>10</u>	<u>921</u>	<u>155</u>	<u>1122</u>

AMBULANCE SERVICE

Ambulance Officer: V. R. NORTH

During 1965, the ambulance service carried a total of 35,520 patients; in addition, 587 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 142,233.

Patients carried for whom the Lincoln Authority was responsible again increased, from 34,493 in 1964, to 35,109 in 1965, an increase of 616 patients. Mileage for this work increased by 3,832 miles, from 132,223 in 1964, to 136,055 in 1965.

From the appended tables it may be seen that whilst most categories of patients show a reduction, particularly maternity cases, out-patients increased by 762. This increase was no doubt due to the opening of a day unit at St. George's Hospital, to which an average of 15 patients are transported from their homes daily. These Geriatric patients are proving most difficult to handle, 90% are either stretcher or double-handed sitting cases requiring the attention of two men, they often need help 'getting ready' and cannot be hurried. The effect this type of patient has had on the service may be noted from the increase in the number of ambulance patients carried during the year, 13,316 during 1965, against 11,839 in 1964, an increase of 1,477. Despite an increase in establishment to cope with this work, the service is extended to the limit during the morning and afternoon peak periods, due to a completely changed operational 'picture'. Prior to the day unit, three sitting case vehicles and two ambulances were normally sufficient to meet demands, a minimum of four ambulances and three sitting case vehicles are now required.

Cases carried on behalf of the Lindsey Authority also increased slightly over the year, from 359 in 1964, to 383 in 1965; in addition, 20 abortive journeys were undertaken. Mileage for this work increased in proportion, from 4,836 in 1964 to 5,522 in 1965.

Whilst emergency work fluctuates from year to year, this work has increased by 31.1% in patients and 20% in miles since 1962, which suggests that there may be some abuse of the scheme despite all doubtful emergencies being questioned.

The following table and that on page 38 give some indication of the type of work dealt with during the year, and enable comparisons to be made in miles and patients:—

Annual Comparative Table						
(Lincoln work in brackets)						
<i>Cases</i>	1965		1964		1963	
Ambulance	13316	(12984)	11839	(11527)	12002	(10767)
Sitting	22204	(22125)	23034	(22966)	25708	(23412)
TOTAL	35520	(35109)	34873	(34493)	37710	(34179)
<i>Miles</i>						
Ambulance	62155	(57369)	56161	(52156)	61389	(49579)
Sitting	80078	(78686)	81287	(80067)	99709	(82669)
TOTAL	142233	(136055)	137448	(132223)	161098	(132248)
<i>Miles per Patient</i>	4.000	(3.875)	3.941	(3.833)	4.271	(3.859)

The following table shows the total number of cases moved monthly, analysed into four main categories:

<i>Month</i>	<i>Emergencies</i>	<i>General</i>	<i>Maternity</i>	<i>Out-Patients</i>	<i>Total</i>
January	83	376	67	2611	3137
February	99	303	56	2489	2947
March	117	380	66	2484	3047
April	131	320	63	2332	2846
May	117	339	67	2352	2875
June	115	362	49	2235	2761
July	120	391	65	2209	2785
August	131	324	64	2301	2820
September	158	300	68	2387	2913
October	142	345	61	2484	3032
November	160	331	65	2682	3238
December	162	386	59	2512	3119
TOTALS	1535	4157	750	29078	35520

The percentage for each section to total cases moved is:

				<i>%</i>
(a) Emergency	..	..	..	4.321
(b) General	..	..	..	11.703
(c) Maternity	..	..	..	2.112
(d) Out-Patients	..	..	..	81.864
				100.000

<i>Case Type</i>				1965		1964	
				<i>Number</i>	<i>Miles</i>	<i>Number</i>	<i>Miles</i>
LINCOLN							
Street Accidents	...	...		677		654	
Home Accidents	...	...		166		185	
Street Illness	...	...		247		277	
Home Illness	...	...		1926		1949	
Mental Illness	...	...		59		63	
Out-Patients	...	...		29048		28286	
Maternity Cases	...	...		617		670	
Infectious Cases	...	...		9		12	
Hospital Transfers	...	...		1333		1280	
Hospital Discharges	...	...		1027		1117	
Totals				...	35109	136055	34493 132223
LINDSEY							
Street Accidents	...	...		127		129	
Home Accidents	...	...		17		8	
Street Illness	...	...		10		8	
Home Illness	...	...		84		71	
Mental Illness	...	...		1		2	
Out-Patients	...	...		15		11	
Maternity Cases	...	...		128		100	
Infectious Cases	...	...		-		-	
Hospital Transfers	...	...		1		26	
Hospital Discharges	...	...		-		4	
Totals				...	383	5522	359 4836
OTHER AUTHORITIES							
Street Accidents	...	...		-		-	
Home Accidents	...	...		-		1	
Street Illness	...	...		-		-	
Home Illness	...	...		2		5	
Mental Illness	...	...		-		3	
Out-Patients	...	...		15		7	
Maternity Cases	...	...		5		1	
Infectious Cases	...	...		-		-	
Hospital Transfers	...	...		1		1	
Hospital Discharges	...	...		5		3	
Totals				...	28	656	21 389
NON-PATIENT CARRYING JOURNEYS: MILEAGE INCLUDED IN ABOVE TOTALS							
Analgesia	...	...		8		6	
Midwives	...	...		269		224	
Abortive	...	...		186		167	
Service	...	...		124		84	
Totals				...	587	481	
Out of Town Journeys							
				1965			
<i>Miles</i>	50/100	100/200	200/300	50/100	100/200	200/300	
<i>Journeys</i>	275	64	17	287	69	19	

Staff

During the year Mr. L. Hopkins clerk/telephonist, and one driver/attendant resigned from the service, these vacancies were filled by Miss M. Howe and Mr. G. Walls.

In order to meet increased demands on the service following the opening of the day hospital unit the establishment was increased by two driver/attendants and at the end of the year full establishment was as follows:—

Ambulance Officer	..	..	1
Deputy Ambulance Officer	..		1
Female Clerk	..	..	1
Female Clerk/Telephonist	..		1
Shift Leaders	..	..	5
Driver/Attendants	..	..	22
			—
TOTAL STAFF	..		31
			—

Illness

Illness among the staff was rather heavy during the year, 241 days were lost due to sickness involving 10 men.

Training

Driver/Attendants of the ambulance service are required to possess a current first aid certificate appropriate to one of the recognised societies. During the year a majority of the staff undertook refresher courses in first aid and all were successful in passing the examination. Lectures and practical demonstrations in advanced first aid are also attended by members of the staff.

Competitions

Once again all drivers were entered in the National Safe Drivers' Competition, and awards for 1964 were presented at the ambulance station to those drivers who had qualified.

A team from this service again entered the competition organised by the National Association of Ambulance Officers. The team was publicly commended for the high standard of first aid shown, but unfortunately lost some marks in other aspects of ambulance work, and were placed third out of twelve competing teams. This was an extremely good effort and high hopes are held for 1966.

Equipment

During the year several new items of equipment were tried, inflateable splints and reflective clothing were found of value to the service and are to be used as standard. Three ambulances are now fitted with instruments for aspiration purposes, two of the instruments obtaining suction from the induction systems of the vehicles.

Equipment maintained at the ambulance station for the conveyance to hospital of babies requiring oxygen during the journey is as follows:—

1. An 'Oxygenaire Oxycot' for the use of babies up to six months who require oxygen on the journey.

2. A portable incubator, supplying the necessary oxygen concentration and humidity conditions. This incubator is thermostatically controlled and is designed to maintain its heat from the electrical supply of the vehicle during the journey.

The portable incubator requires thirty minutes in which to attain working temperature and occasionally during the year it was found impossible to be given this warning period; therefore, in order to overcome this problem, it is now maintained in a state of constant readiness and may be used immediately it is required.

Patients Carried by Rail

Railway facilities were used in conveying 121 patients an estimated 10,475 miles.

Transport of Chiropody Patients

During the year 306 patients were transported to and from the Chiropody Clinic at 'Beaumont Lodge', an increase of 71 patients. Mileage increased by 609, to 1,956 miles, this mileage includes 27 abortive journeys.

Vehicles

Two tone horns, now accepted for use by ambulance services throughout the country, were fitted to all our vehicles during the year. These instruments, although of great help in assisting drivers proceeding on emergency calls, must be strictly controlled if they are to maintain their effectiveness, and all drivers have been requested to use discretion in their use.

During August, delivery of a new vehicle was accepted, this vehicle, coach built on a purpose designed chassis replaced a Bedford ambulance purchased in 1954, which had covered over 200,000 miles. The new vehicle has been designed to carry either two stretcher patients or eight sitting cases; it can be adjusted from the driver's cab to give a soft, medium or hard ride, according to the conditions required. The stretcher cots may be adjusted to carry patients in the position most suited to their condition.

At the 31st December, 1965, the fleet statistics were as follows:—

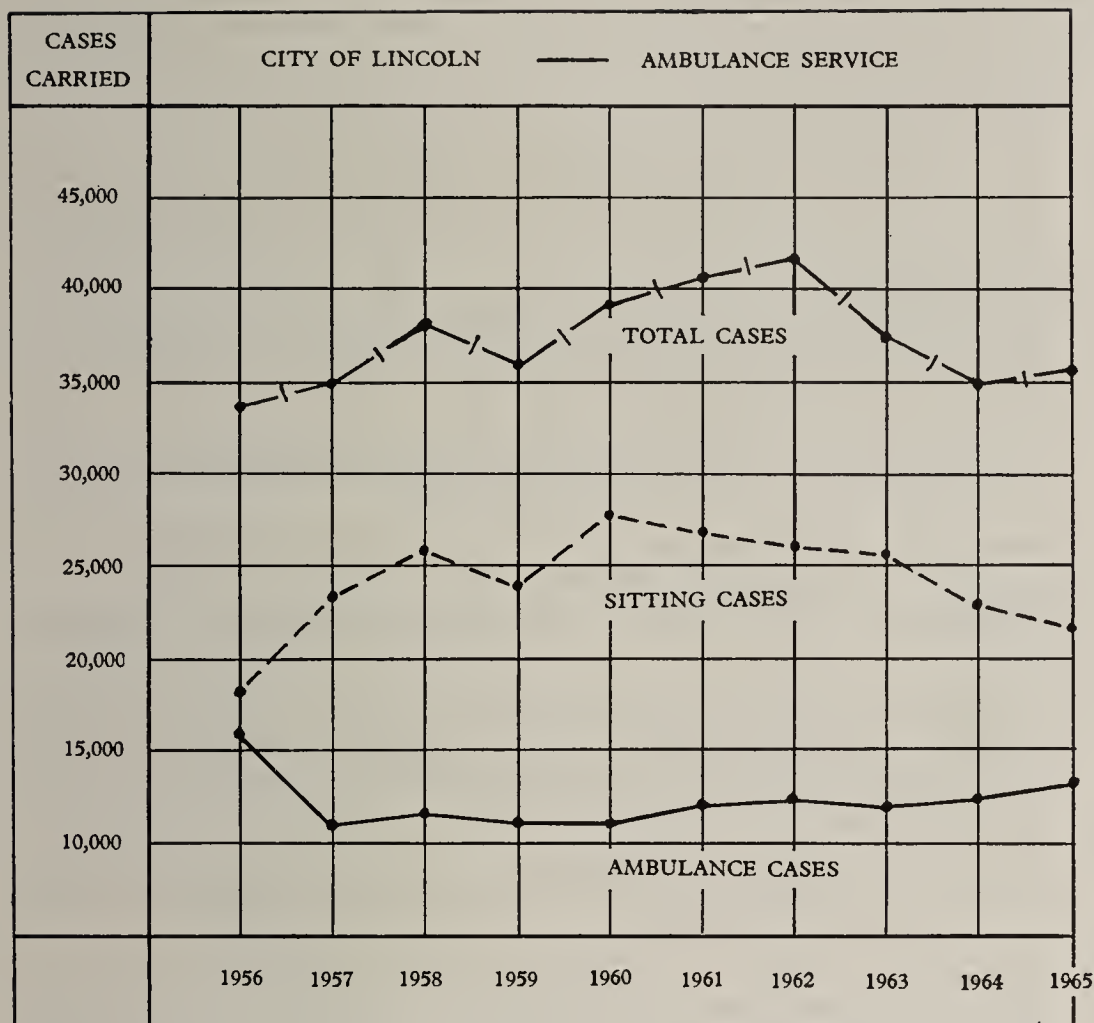
<i>Type</i>	<i>Make</i>	<i>Year</i>	(1965) <i>Mileage</i>	(1964) <i>Mileage</i>
Ambulance	Bedford	1958	113,262	97,637
Ambulance	B.M.C.	1960	83,566	64,901
Ambulance	B.M.C.	1961	56,754	44,056
Ambulance	B.M.C.	1962	38,073	26,251
Ambulance	B.M.C.	1965	1,457	Nil
Dual Purpose	B.M.C.	1962	47,927	33,528
Sitting Case	B.M.C.	1962	50,530	45,287
Sitting Case	Bedford	1958	124,620	109,015
Hire Car	B.M.C.	1963	53,014	31,416
Hire Car	B.M.C.	1964	27,682	7,235

Co-operation with other Services

Co-operation with the police, fire, and other ambulance services continue at a high level.

Fuel Consumption

During 1965, petrol consumption was 9,730 gallons, an average of 14.61 miles per gallon.



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The work on prevention of Tuberculosis is at present fairly static. There is close co-operation between the Chest Physician, the Health Visitor for Tuberculosis work and the Family Doctors, so that the patient obtains the fullest benefit from all three Services.

The Tuberculosis Health Visitor undertakes duties at the Chest Clinic by arrangement with the Chest Physician and normally attends two sessions each week. During 1965, she attended 98 clinic sessions as compared with 108 sessions in the previous year. The majority of the patients at these particular sessions are resident in the City and her attendance affords a suitable opportunity for seeing new patients. She undertakes the visiting of the patient and his family before admission to hospital, explains about his treatment and arranges for contacts to attend the Chest Clinic where adults have a Chest X-ray and children a skin test with subsequent B.C.G. vaccination if found to be necessary. During 1965, 22 new cases of Tuberculosis were notified, compared with 24 in 1964.

When a patient is not admitted to hospital but has treatment at home, the Tuberculosis Health Visitor instructs the patient and relatives in the taking of drugs, disposal of sputum and general hygiene. Any home nursing equip-

ment needed is provided, the services of a Home Help are obtained if required and advice is given regarding obtaining additional financial assistance in necessitous cases.

The duties of the Tuberculosis Health Visitor also include:

- (a) The follow-up of patients immediately after discharge from hospital to advise on continued treatment at home and to arrange for any necessary assistance to be provided and to undertake further routine follow-up visits as necessary.
- (b) Visits in connection with reading Mantoux tests, Heaf testing, B.C.G. vaccination and follow-up of non-attenders at the Chest Clinic; also any special visiting requested by the Chest Physician.
- (c) Visits to the Senior Schools in the City during the Autumn Term, accompanied by a School Medical Officer, to carry out the B.C.G. vaccination of children in the 13-14 years age group.

During 1965, the Tuberculosis Health Visitor paid 222 domiciliary visits, compared with 282 during the previous year.

The following is a list of the special facilities available for the Tuberculous patient:

1. Free Milk — After a financial assessment has been made, one or more pints of free milk daily may be allowed to a patient. 30 patients received free milk during 1965 and of this number, 29 persons continued to receive assistance granted in a previous year.
2. Financial Assistance — can be obtained from the Dawber Trust Fund and from the Lincoln Sick Poor Fund, mainly towards help with clothing or in some cases with coal.
3. Home Help Service — is available for elderly patients or where the patient is a mother with a young family.
4. Home Nursing Equipment — is available for patients nursed at home.
5. Voluntary Services — The W.V.S. and British Red Cross Society also provide assistance. The W.V.S. have a clothing store from which some patients have benefitted and the Red Cross Society have a supply of home nursing equipment.
6. Housing — in some cases where there is overcrowding or insanitary conditions, consideration is given to the problem of rehousing. Recommendations are made by the Health Committee to the Housing Committee and a case receiving priority recommendation is usually rehoused in a matter of months. The position during the year was as follows:

Awaiting re-housing on 1st January, 1965	..	..	1
Recommended for re-housing during the year	..	..	-
Removed from list during the year	..	..	1
Awaiting re-housing on 31st December, 1965	..	..	-

Contacts of cases coming to the notice of the Health Department of persons dying from Tuberculosis whose disease was not notified during life, are followed up by the Department. Visits are paid by the Tuberculosis Visitor and arrangements are made for members of the family to attend for examination at the Chest Clinic. There were no cases in this category during 1965.

I am indebted to the Consultant Chest Physician, Dr. H. G. H. Butcher, for the following report:

“In the year 1965, the work carried out at the Chest Clinic was much the same as in the previous year. New cases referred by General Practitioners

were about the same and the number of cases of Tuberculosis found amongst these seems to have settled at a steady level.

The importance of attending the Mass Radiography Unit, in order to discover disease in its early stages, must continue to be stressed to the public".

B.C.G. VACCINATION

Contact Scheme

Under the scheme for the protection of contacts, B.C.G. vaccination is carried out by the Chest Physician on behalf of the Local Health Authority and all child contacts of known tuberculous patients who on testing are found to be "Mantoux Negative" are offered vaccination at the Lincoln Chest Clinic.

The number vaccinated under these arrangements during 1965 was 122, as compared with 113 in the previous year.

School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1965 under the approved scheme.

The senior schools in the City were visited during October and November by a medical officer accompanied by a nurse and clerical assistant. All children in the 13-14 years age group whose parents had given consent had a Heaf skin test and, if found necessary, were vaccinated with B.C.G. The "consent rate" for 1965 was 84%.

The following table gives details of the numbers dealt with during 1965:

Number skin tested	..	..	968
Number found positive:			
Heaf grades 1 and 2	..	..	45
Heaf grades 3 and 4	..	..	26
Number found negative	..	..	865
Number vaccinated	..	..	865

The number found positive was 7.6% of the number tested, as compared with 6.4% the previous year.

The Heaf positive reactors were graded in accordance with the degree of the reaction. 45 children (grades 1 and 2) were referred to the Mass Radiography Unit in February, 1966. All except six children attended and results were negative. 26 children (grades 3 and 4) were given an appointment to attend for a large film at the Lincoln Chest Clinic and the results may be classified as follows:

No evidence of disease	..	..	..	..	18
Signs of old healed lesions	..	..	..	..	5
Suspicious findings on X-ray followed up by Chest Physician	..	..	..	..	2
Failed to attend	..	..	..	..	1
					—
					26
					—

MASS RADIOGRAPHY

The Lincolnshire Mass Radiography Unit paid a visit to the City in January and February, 1965, and public sessions were held on the Thornbridge Car Park.

The total number of attendances during this survey was 11,476, compared with 9,055 during 1964.

I am indebted to the Medical Director of the Unit for the following information giving details of the work carried out during the survey:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
No. X-rayed on miniature film	6580	4896	11,476
No. recalled for large films	50	43	93
No. referred to Chest Clinic	14	12	26
No. referred to own doctor	11	16	27
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment	3	5	8
No. of cases of Pulmonary Tuberculosis requiring occasional supervision	—	—	—
Pulmonary Tuberculosis post primary inactive	1	—	1
Bronchiectasis	—	1	1
Neoplasm, malignant	2	2	4
Neoplasm, non-malignant	—	—	—
Cardiac abnormality	1	—	1
Sarcoidosis	—	1	1

X-ray Examination of Staff

Arrangements are made for the X-ray examination, prior to appointment of new staff of the Council's Day Nursery, Children's Homes, and also employees of the Education Authority such as teachers, student teachers, school caretakers, school meals staff, etc., in fact, all Corporation employees who come into contact with children during the course of their work. In addition, the staffs mentioned are invited to undergo an annual chest X-ray when the Mass Radiography Unit is available in Lincoln.

OTHER ILLNESSES

The Council's Welfare Department undertakes the care and after-care, under Part III of the National Assistance Act, 1948, of partially sighted and blind persons, deaf and partially deaf persons, persons suffering from other handicaps and the aged and infirm.

Close co-operation was maintained during the year between the Health Department and the Welfare Department.

In connection with blind persons, table 'A' below gives information regarding the incidence of blindness during 1965 and the steps taken with regard to treatment. Table 'B' shows that there was no notification of ophthalmia neonatorum during the year.

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends:—				
(a) No treatment	1	3	—	11
(b) Treatment (Medical, surgical or optical) ...	9	3	—	5
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	6	3	—	5

B. OPTHALMIA NEONATORUM

(i) Total number of cases notified during the year	...	...	...	...	—
(ii) Number of cases in which:—					
(a) Vision lost	...	...	...	...	—
(b) Vision impaired	...	...	...	...	—
(c) Treatment continuing at end of year	...	...	...	...	—

After-Care of Patients following discharge from Hospitals

From time to time, mainly in connection with aged persons, a request is made by the Hospital Almoner for after-care, help and supervision. This usually takes the form of arranging in advance for the services of a Home Help and visiting by the Health Visitor.

Occasionally the request is in connection with an aged person living alone who has left hospital against medical advice, and the District Nurse and Home Help co-ordinate care in association with the General Practitioner.

Provision of Nursing Equipment and Apparatus

The City Health Department maintains a store of standard articles of nursing equipment.

During the year 524 patients were assisted and 967 articles of equipment were issued. The comparable figures for 1964 were 473 patients assisted and 902 articles issued. There was a steady demand throughout the year for most of the items of nursing equipment and almost without exception it was possible to supply every article requested.

Particulars of the equipment issued during 1965 are as follows:

Air rings..	..	..	..	..	..	85
Bed cages	..	..	..	..	..	53
Bed pans	..	..	..	..	..	169
Bed rests	..	..	..	..	..	116
Bed block (sets)..	..	..	..	..	..	5
Bed tables	..	..	..	..	..	2
Bedsteads	..	..	..	..	..	17
Commodes	..	..	..	..	..	81
Crutches (pairs)	..	..	..	..	..	8
Dunlopillo cushions	..	..	..	..	..	22
Dunlopillo mattresses	..	..	..	..	..	4
Feeding cups	..	..	..	..	..	18
Fracture boards (sets)	..	..	..	..	..	7
Mackintosh sheets	..	..	..	..	..	203
Mattresses	..	..	..	..	..	15
Pillow Cases	..	..	..	..	..	2
Sheets	..	..	..	..	..	6
Tripod Walking Sticks..	..	..	..	..	..	17
Urinals	..	..	..	..	..	98
Walking Sticks	..	..	..	..	..	1
Wheel chairs	..	..	..	..	..	38
						—
						967
						—

CHIROPODY SERVICE

The Chiropody Clinics are held at "Beaumont Lodge", Beaumont Fee and the majority of patients manage to make their own way to the Clinic. Other patients who are unable to use public transport by reason of physical disability are conveyed to and from the Clinic by the Ambulance Service on the recommendation of the Family Doctor. In addition to the Clinic, a domiciliary service is provided for those patients who are unable to attend the Clinic even with the aid of transport.

1965 was the first full year in which two full-time Chiropodists were employed, consequently it was possible to treat a greater number of patients than before. The examination and treatment of school children for verrucae, which was started in 1964, was continued and extended during 1965, a total of 707 treatments being carried out. A considerable number of school children are in need of chiropody treatment quite apart from treatment for verrucae and many of the foot troubles of later life would be avoided if it were possible to see these children regularly. However, as the Chiropody Service is primarily intended for the elderly, it is not possible for the present staff to undertake any further commitments of this nature.

It is clear that the demand for chiropody treatment is increasing; the service is being widely publicised through the Old People's Clubs and new applications are received almost daily. At the end of the year, there were approximately 980 patients on the Clinic list and 260 receiving domiciliary treatment, but many would-be patients are deterred from applying for treatment by the long waiting period which is approximately three months. The interval between treatments is a similar period and this, of course, is far too long; 7 to 8 weeks is generally accepted as being ideal although some patients could, with advantage, be seen at even shorter intervals.

The service which is being provided is greatly appreciated by those who are able to take advantage of it. The fact remains, however, that only a small proportion of the potential patients in the City are being treated and in order to provide a really worthwhile service additional staff and clinic facilities will have to be provided in the future.

During the year efforts have been made to prevent the number of domiciliary patients from increasing unduly. When the service was first started any applicant over the age of 85 could have treatment at home for the asking, others had to provide a medical certificate stating that home treatment was desirable. It was felt that there were many patients having treatment at home who were quite able to attend the clinic and a number of these patients have been encouraged to do so, transport being provided where necessary. The form of application has now been altered to incorporate a certificate to be completed by the applicant's Doctor stating that the applicant is completely housebound and is likely to remain so, either permanently or for a stated period and this certificate is required from all applicants for home treatment, irrespective of age. It is more satisfactory in every way to treat patients in the clinic, with all facilities to hand, than in the patient's own home where the Chiropodist is frequently working under difficulties.

The following table gives the details of attendances and the income received from patients during 1965:—

	<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendances per Session</i>	<i>Total Receipts</i>
Morning Clinics	285	1799	6.3	£258 16s. 0d.
Afternoon Clinics	238	1487	6.2	
Home Visits		1441		
				£101 16s. 6d.
Clinic appointments not kept ...	...	...	375	<u>£360 12s. 6d.</u>
School Children Treated at school	...	...	707	

YELLOW FEVER VACCINATION

In accordance with Ministry of Health Circular 19/59 (dated 25th June, 1959), Yellow Fever Vaccination continued to be available at the Health Department on request, to persons travelling abroad.

Under Section 28(2) of the National Health Service Act, authorities were empowered, with Ministry of Health approval, to recover such charges as the authorities considered reasonable. The City Council decided that a reasonable charge (having regard to the cost of the vaccine) would be £1 1s. 0d. per vaccination.

During 1965, 206 vaccinations were carried out and the persons were from the following areas:

Lincoln	67
Lindsey County	62
Kesteven County	52
Holland County	12
Nottinghamshire County	7
Other areas	6
	206

HEALTH EDUCATION

The most important feature in the Health Education programme during 1965 was the Dental Health Campaign which was held from 9th November, 1964 to 5th March, 1965 and full details of this Campaign are given in the Appendix to the Report on the School Health Service. All those concerned with Health Education played a part either directly or indirectly in this Campaign which was, undoubtedly, a great success.

The Health Visitors, in their activities at Infant Welfare Clinics and during home visiting, make a most important contribution to the dissemination of health education and information regarding the prevention of illness. However, due to the large attendances at the Clinics, time available for the giving of talks and practical demonstrations is very limited. The Mothercraft Classes held three times weekly are well attended and these, together with the Mothers' Clubs, provide audiences which are particularly receptive to health education matters.

Talks were given during the year to many groups of people and the speakers included the Medical Officer of Health, Deputy Medical Officer of Health, Principal School Dental Officer, Superintendent Nursing Officer, Chief Public Health Inspector, Deputy Chief Public Health Inspector, Home Help Organiser and Chiropodist. Increasing use is made of visual aids and the 16 mm. film projector and the filmstrip projector have proved to be invaluable. A tape recorder has also been added to the equipment now available and this is used increasingly.

During the year, attention was focused on the ever present problem of accidents in the home and the help of the Home Safety Committee, which was formed some three years ago, is greatly appreciated. The activities of this Committee are complementary to the Health Education activities of the Health Department and it is clear that an increased effort is necessary by both parties if much is to be achieved in this difficult preventive work.

The Course on Food Hygiene at the Lincoln Technical College is now firmly established and is certainly making a useful contribution to improving

standards of food hygiene in the City. Prominent amongst those who attend the Course are members of the School Meals Service. It is regretted that few members of the Hospital Catering Service have attended this Course of training.

The monthly publication "Better Health" continues to be available for free distribution at the "Stork Clubs", the Infant Welfare Clinics and the Health Department.

WOMEN'S CYTOLOGY CLINIC

As mentioned in my introductory letter to the Annual Report for 1964, a Cytology Clinic for the early detection of cancer of the cervix was started in Lincoln on 8th December, 1964 and from the outset, this clinic has met with outstanding success. For nine months, one session only was held each week but as the number of requests for an appointment became so great, a second weekly session was started on 6th September, 1965.

The staff of each clinic consists of a Medical Officer, Nurse and Clerk (all female) and women are seen by appointment, thus ensuring little, if any, delay. When making application, patients are asked to state whether they would prefer to attend a clinic held on a Monday morning or Tuesday evening and an appointment is given according to the preference stated. Many of the women wishing to attend the clinic are resident in districts adjacent to the City in the areas of the Lindsey and Kesteven County Council. However, by arrangement with the County Councils, no woman is refused an appointment because she lives outside the City and payment is made by the County Councils for this service being provided by the Lincoln City Council.

Publicity regarding these clinics by the Lincoln Health Department has not been necessary as the various Women's Organisations have shown a keen interest and obviously have urged their members to seek an appointment; there has also been publicity in Women's Magazines, in the Local Press and on the radio and television. However, there are many women particularly those with large families, who have not attended the Clinic and it may be that personal persuasion will be necessary before they will agree to attend.

The following table shows the number of women who attended the Clinic:

		<i>Lincoln</i>	<i>Lindsey</i>	<i>Kesteven</i>	<i>Total</i>
No. of women who attended during					
year 1965		520	77	73	670
No. of women awaiting appointments					
on 31st December, 1965					370

HOME HELP SERVICE

Organiser: MISS H. BALDWIN

The administrative staff of the Home Help Service consists of the Home Help Organiser, Assistant Home Help Organiser, one full-time clerk and one part-time clerk.

During the year the number of applications for the services of a home help fluctuated, the heaviest demand being between January and June. The total number of applications for assistance received during the year was 521 but of these, applications in respect of 188 were later cancelled. Sixteen requests for help in maternity cases did not materialise and fifteen were booked for confinements due in 1966.

The number of elderly people requiring the services of a home help shows a steady increase each year, but the general sickness and maternity cases fluctuate year by year. The following table gives a summary of the cases being assisted at the beginning and at the end of the year:

	1st January 1965	31st December 1965
Aged and infirm	442*	477*
General illness (including a number of chronic sick under 65)	37	34
Maternity	-	2
Tuberculous	4	2
	483	515

* includes 41 blind persons

The following table shows the growth of the service during the past three years and also that the total number of hours worked by the home helps has increased substantially:—

	1963	1964	1965
Cases assisted:			
Aged and infirm	560	581	640
General illness and chronic sick under 65 years	64	87	94
Mentally disordered	7	6	17
Maternity	56	49	52
Tuberculous	10	10	5
	697	733	808
Hours worked:	1963	1964	1965
By Home Helps	105,204	116,726	129,155
By Night Attendants	1,591	3,663	5,441
	106,795	120,389	134,596

Home Helps employed at the end of the year:

Full-time	15	14	12
Part-time	73	106	127
Whole-time Equivalent	61	62	71

The part-time helps included three Night Attendants in 1963, ten in 1964 and fourteen in 1965.

The number of hours worked is approximately 14,207 more than last year's figure (120,389).

Aged and Infirm Persons

A large number of persons are still in need of daily help, mainly to light fires, clean the grates and give them breakfast. The number of those who should have regular help is still more than 400 and the majority are frail or sick. The remainder managed at times without help because urgent cases necessitated the temporary withdrawal of assistance. Sixteen persons

who had help were over 90 years of age (four of these were blind). Approximately 215 who were supplied with help at some time during the year were between 70 and 80 years of age, and 14 of these were blind. Of the 94 persons under the age of 65 who were assisted, at least 26 were chronic sick and one had been given help for 8 years, two for 6 years and four for between 3 and 5 years.

Tuberculous Cases

The home helps attending these cases have been employed by the Department for some time, but difficulties are encountered when new cases arise. During the year one of the tuberculous persons whom we had been helping for about eight years removed to a multi-storey flat on one of the estates. She still has the service, but as the flat was continually heated we were able to reduce the number of hours help being given.

In some instances it is advisable to enrol a good neighbour as a home help if the case is short-term.

Visiting

The importance of home visiting cannot be over-emphasised and it is desirable to visit each case before help is sent, and to follow-up the case to ensure that adequate help is being received and also that help is not continuing when it is no longer necessary. During the year the administrative duties of the Assistant Organiser have been increased owing to the large number of applications for help received. Also, additional home helps have been appointed and some have resigned, and the amount of work entailed in the appointment and resignation of home helps is quite important and takes up much time. During 1965, 945 interviews took place in the homes of applicants. Included in the total visits are 489 re-visits to households. A further 267 visits were paid to home helps, both when working, and at home when changes of programme were necessary. Approximately 70% of the recipients of help were granted a free service and it is essential that they should have fairly regular supervisory visits as the majority are long-term cases and without frequent visiting there could be abuse of the service. It is as necessary to visit to decide if the help should be discontinued, as it is to visit to decide if help is necessary.

Administration

The Home Help Service has an important part to play in the care of sick, elderly and infirm persons in their own homes, and it is hoped that eventually, adequate help may be given to all those whose desire it is to remain in their own homes as long as possible.

The policy of increasing the home help establishment by the equivalent of six whole-time helps each year has been adhered to, and this inevitably increases the work of the administrative staff.

Recruitment is not always easy and although many women apply for employment, relatively few are considered to be suitable.

Consideration was given to the employment of male home helps as they would undoubtedly be most useful in certain cases. However, difficulties regarding payment, recruitment, etc. precluded such appointments being made, at least for the time being.

It is almost impossible for the Service to run smoothly at all times, as frequently the helps have to be re-directed to cover maternity and emer-

gency cases. Resignations, illness and holiday absences also require further administrative action. Owing to the large number of home helps now being employed, wages are paid at the Health Department on two afternoons each week, and at the same time, instructions are given to the helps regarding their work for the following week.

Approximately 120 accounts are posted each month, and the payment of accounts is usually made at the office. As this means approximately 110 persons calling at this office and needing immediate attention, it is anticipated that from January, 1966, payment will be requested by post. The receipts can then be made out and posted to the householder when convenient. Approximately £2273 was paid to the Department for home help services during 1965 and this amount is by no means substantial when one considers the enormous amount of work which has to be undertaken in order to collect this amount.

Problem Families

Temporary assistance was given to three families during the year. Unfortunately the home help assisting two of the families resigned for domestic reasons and we were unable to replace her. The families are still under surveillance. If assistance is to be given to families in distress, it may be necessary to send suitable home helps for training, as it becomes increasingly difficult to enrol and keep home helps with this type of family.

Night Attendant Service

Demand for the Night Attendant Service was the heaviest for a number of years. The Service was supplied in the majority of cases as a relief at night for relatives or friends of the sick person, or nightly help to persons having no relatives, awaiting admission to hospital within a few days, or to persons who were too ill to be removed to hospital.

Recruitment continued during the year, but unfortunately the majority of Night Attendants can only work two, three, or four nights a week, and much last minute planning is necessary to make sure the Night Attendants are able to attend the cases.

During one week in November, ten Night Attendants were on duty.

Fifty-three cases were assisted during 1965 compared with 38 in 1964.

The number of hours worked by the Attendants was 5441 in 1965 compared with 3663 in the previous year. Two of the cases assisted were suffering from Cancer and this Service to Cancer patients will, in future, be complementary to the Marie Curie Memorial Foundation Night Nursing Service.

MENTAL HEALTH SERVICES

The Mental Health Act, 1959

During 1965 the Mental Health Service experienced changes in staff and administration, and the appointment of an additional female Mental Welfare Officer, proved most beneficial. All cases of mental illness and sub-normality, where records existed, were investigated and visited.

In August, St. Hugh's Hostel, Newport, Lincoln, was opened to accommodate mentally subnormal male adults, and the first residents were admitted on the 6th August; by the end of December, there were sixteen residents, including nine patients who were discharged or on trial leave of absence from Harmston Hall Hospital and St. John's Hospital.

There was, however, a marked decrease in notifications of admissions and

discharges from St. John's Hospital, which had the effect of constituting an unnecessary waste of time for the Mental Welfare Officers when endeavouring to carry out the duties of Community Care, in accordance with Section 28 of the Mental Health Act, 1959. Many cases were re-admissions arranged by the General Practitioners and Consultant Psychiatrists, following domiciliary visits, and which may have been avoided if the Mental Health Service had been informed and Section 28, after-care, been carried out following previous admissions and discharges.

A closer liaison was established with General Practitioners, Health Visitors, Social and Voluntary Organisations, the National Assistance Board, Housing Department and Women's Voluntary Services. Local employers have also shown a more sympathetic attitude concerning the employment of mentally ill patients, and it is hoped that an even closer relationship will develop in the future.

A difficult time was experienced during the three months of July, August and September, owing to staff changes, holidays and illness. However, in spite of these difficulties by the end of the year the number of home and hospital visits to patients had in fact shown an increase on the previous year.

Administration

The Mental Health Services Sub-Committee of the Health Committee, is composed of the Chairman and eleven members, of which four are co-opted members. A Consultant Psychiatrist from St. John's Hospital, and the Headmaster of St. Catherine's Special School, are included in the co-opted members.

Monthly meetings are held when necessary.

Staff

During 1965, the establishment of Mental Welfare Officers was increased from three to four, including the Senior Mental Welfare Officer.

Mrs. C. A. Woollard was appointed in March, 1965, as an additional female Mental Welfare Officer, and commenced duties on 16th August.

Mr. K. Rushbrooke, and Mr. J. Wedgwood, both resigned in June 1965. These two officers left to take up similar appointments with another Authority.

Mr. R. Mason commenced duties on 1st July, 1965 and Mrs. D. M. Robson on 1st October, 1965.

Mrs. M. Miller, Clerk, Mental Health Service, resigned 31st July, 1965.

Miss L. J. Stocks, previously part-time clerk, commenced full-time duties with the Mental Health Service on 3rd August, 1965.

All the Mental Welfare Officers are designated to undertake the full range of duties under the Mental Health Act.

Mental Illness

Table 1. Compulsory and Informal Admissions (Previous year's figures in brackets).

	<i>Males</i>	<i>Females</i>
Patients admitted to hospital, Section 29, Mental Health Act, 1959	12 (17)	19 (11)
Patients admitted to hospital, Section 25, Mental Health Act, 1959	15 (10)	31 (21)
Patients admitted to hospital, Section 26, Mental Health Act, 1959	5 (7)	4 (5)
Patients admitted to hospital, Section 60, Mental Health Act, 1959	4 (3)	— (1)
Patients admitted to hospital, Section 5, Mental Health Act, 1959	16 (22)	29 (26)
Direct Admissions: By Arrangement with Patient's General Practitioners and Consultant Psychiatrists	12 (9)	21 (28)
Total	64 (68)	104 (92)

From the figures shown, the number of admissions to hospital by the Mental Welfare Officers, excluding Direct Admissions, were slightly increased during 1965, being 135 compared with 123 in 1964.

Community Care of the Mentally Ill and Mentally Subnormal

During the year, 5301 visits were made by the Mental Welfare Officers, compared with 4348 visits during 1964.

At the end of 1965, there were 330 patients receiving after-care visits, and these included 176 subnormal and severely subnormal children and adults. Many of these patients have been receiving friendly visits for a number of years and the Mental Welfare Officer is sought for guidance and help when the need arises.

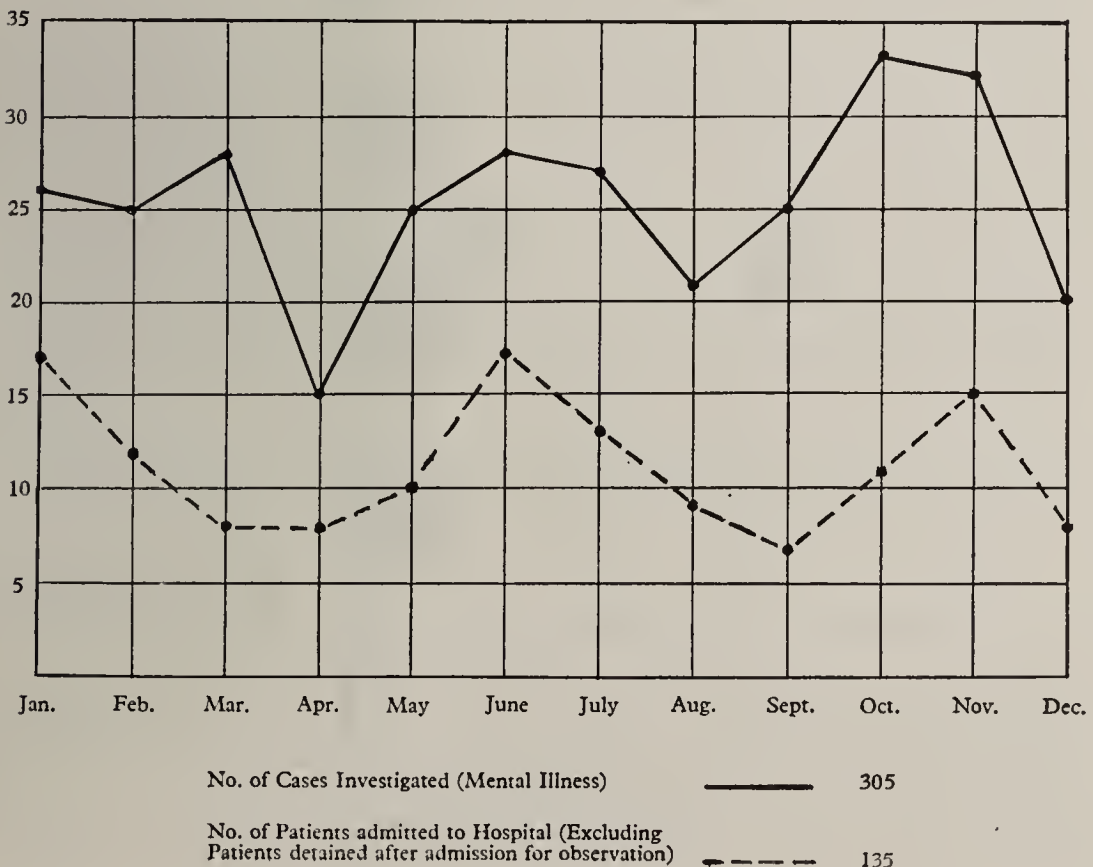
The effectiveness of community care calls for skill in performing this duty and a great responsibility is placed upon the Mental Welfare Officer. Also entailed is the support and co-operation of the Medical Staff of St. John's Hospital, and General Practitioners, in bringing to the notice of patients that this service provided by the Local Authority exists.

MENTAL ILLNESS

CASES INVESTIGATED AND ADMISSIONS PER MONTH

1965

Graph (A)



Graph (B)

Number of admissions to hospital according to age and sex.

50 MALE 85 FEMALE

	AGE 0 - 20		AGE 21 - 30		AGE 31 - 40		AGE 41 - 50		AGE 51 - 60		AGE 61 - 70		AGE 71 - 80		AGE 81 - 90		AGE 91 & OVER	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
20																		
15																		
10																		
5																		
	2		11		12		10		7		3		2		2		1	—

Table 11. Cases referred to the Mental Health Service during 1965.

<i>Referred by</i>	<i>Mentally Ill</i>		<i>Mentally Subnormal</i>		<i>Total</i>
	<i>Under</i>	<i>Over</i>	<i>Under</i>	<i>Over</i>	
General Practitioners	16	16	16	16	
General Practitioners	—	62	—	2	64
Consultant Psychiatrists	1	56	—	—	57
Hospital — on discharge from 'in-patient' treatment	—	18	—	12	30
Hospital after 'out-patient' or 'day hospital' treatment	—	1	—	—	1
Local Education Authority	—	—	5	10	15
Police and Courts	—	22	—	2	24
Other Sources	—	60	6	15	81
	—	—	—	—	—
Total	1	219	11	41	272
	—	—	—	—	—

Social Histories requested and prepared 88.

Case Conferences and Discussions:

Case Conferences usually take place twice a week at St. John's Hospital, and are attended by Mental Welfare Officers, particularly when a patient's case is known to the Mental Welfare Officer or a request has been made for a Social History. Relatives of patients are visited and invited to attend these meetings.

Psychiatric Social Club:

The club meets every Tuesday evening from 7 p.m. to 9-30 p.m. During the year there was a marked increase in the number of attendances and the average attendance was 40 to 45. This figure includes new members recruited from St. Hugh's Hostel. The activities of the club include bingo, table tennis, billiards and dancing. During the winter months occasional film shows were arranged and indoor games introduced. A coach tour was arranged during the summer, visiting the surrounding villages of Lincoln, returning to the Junior Training Centre for refreshments. The Christmas Party was held on Wednesday, 22nd December, and over eighty members and their guests were present. This was the highlight of the year and was very successful. Music for this occasion was provided by Mr. A. Walker, of the City Health Department, and his colleague, and the success of the evening was largely attributed to their hard work in providing music for dancing and musical games.

Next year it is the intention to form a Social Club for persons who are, or have been mentally ill, which will be run on a similar basis to the above club.

St. Hugh's Hostel:

Warden: MR. J. H. GEERLING, *Matron:* MRS. L. GEERLING

The first hostel to be provided by the Local Health Authority under the provisions of the Mental Health Act, 1959, was opened in August, 1965. St. Hugh's Newport, which was formerly used as a residential home for boys was purchased from the Church of England Children's Society by the Council and after comparatively little adaptation, accommodation is now available for 24 adult subnormal men.

It was necessary to modernise the dining room, kitchen and staff quarters and it is hoped to instal central heating in 1966.

Whilst obviously not having all the amenities of a purpose-built Hostel, it is nevertheless in a central position, on a good bus route and has a large, pleasant garden. The bedrooms are on the first and second floors and there is room for building expansion should it be decided that additional accommodation is required at a future date. There are two excellent rooms available for recreational purposes as well as a comfortable television/sitting room.

We were fortunate in obtaining the services of Mr. and Mrs. Geerling as Warden and Matron, but other staff difficulties have been experienced.

The first five residents were admitted to the Hostel on 6th August, and the number gradually increased to sixteen residents by the end of the year.

Three mentally ill residents were admitted but were eventually discharged because they were unable to settle, feeling unhappy and out of place.

About half the residents are wage-earning, the remainder attend the Adult Training Centre and are in receipt of National Assistance. The residents suffer from varying degrees of subnormality but this has not prevented them from getting on well together, and on the whole they have settled well and cause little trouble.

Socially, television is the main attraction, but the residents also make use of the games room where they play table tennis, darts, dominoes and do jig-saw puzzles. Equipment is rather limited at present but it is hoped to acquire a snooker or billiards table. It is also intended to make use of the gymnasium for indoor games, badminton, etc.

At Christmas the Lincoln Borough Silver Band visited the Hostel and played carols and hymns; and the Theological College students also visited for hymn singing. Both these organisations have kindly offered to return in the future.

Junior Training Centre — “Beaumont House”

Supervisor: MRS. B. SEARLE

The “Beaumont House” Junior Training Centre caters for children under the age of 16 years, the adults having been transferred to the Adult Training Centre in Long Leys Road. Approximately 40 children attend and of this number, 6 are from the area of the Kesteven County Council adjacent to Lincoln. The children are separated into three groups, the 5-8 years old children being accommodated in the Nursery and the two other groups (9-12 and 13-16 years) in the two classrooms on the first floor. This arrangement is most beneficial to trainees and staff.

The staff of the Centre consists of:—

Supervisor.

Deputy Supervisor.

3 Assistant Supervisors.

During the year, the Centre was visited by Miss Gordon of the Ministry of Health on 20th May and by the Mayor and his party on 23rd September.

An outing was arranged by the staff to take the children of the Junior Training Centre to Mablethorpe in June and this was thoroughly enjoyed by the children.

The Lincoln and District Society for Mentally Handicapped Children donated one hundred pounds for the purchase of toys, scooters, prams and bicycles.

The following table gives the number on the register at the beginning and end of the year:—

	<i>Lincoln</i>	<i>Kesteven</i>
Number on register as at 1st January, 1965 ..	32	6
Transferred during the year to Adult Training Centre	4	—
Admitted to Harmston Hall Hospital	2	1
Admissions during the year	6	1
Number of children on register as at 31st December, 1965	32	6

Adult Training Centre, Long Leys Road

Manager: MR. W. F. ZIELONKA

The Adult Training Centre completed its first full year of operation during 1965 and it is apparent that some time will elapse before the Centre is operating at its maximum capacity and efficiency and with the maximum achievable benefit to the trainees. However, considerable progress was made during the year, despite the fact that due to the comparative lack of light industry in the Lincoln area, suitable work for the trainees is not easily obtained. A variety of work was carried out and the activities included the making of the following:—

Stools, Link mats, Trays, Clothes props, Clothes-horses, Wooden interwoven fencing, Soft toys, Bath mats, Mop Heads, Pan scrubbers.

The trimming and assembling of plastic goods still continues to provide steady work for the trainees and to date, this work has provided a regular source of income.

The lawns and garden surrounding the Centre have been cared for and developed by the trainees and plants grown in the greenhouses have been sold to the public.

As from January, 1965 a scheme was introduced whereby weekly payments were made to the trainees, whereas previously, occasional payments were made dependent upon the work done and the income received. The payment recommended was 1/- per day attendance allowance and up to an additional 1/- per day based on the output, endeavour, etc. of the trainee. This scheme was reviewed after it had been in operation for six months and it was decided to increase the incentive allowance from 1/- per day to 2/- per day or a maximum of 10/- per week. Payments were made out of the income received for work done and from the sale of goods produced and it was not necessary to make any apportionment from the sum included in the Health Committee's Estimates for this payment in the event of the income of the Centre being inadequate to meet the need.

Details of admissions and discharges are as follows:—

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Lindsey</i>	<i>Total</i>
Number on register on 1st January, 1965	50	3	2	55
Admissions during the year	36	1	4	41
Discharges during the year	24	3	4	31
Number on register on 31st December, 1965	62	1	2	65

The main reasons for admission to the Centre were — transfer from Junior Training Centre, lost employment, discharge from hospital and parents' request. The reasons for discharge included — taking up employment, leaving the area, removal to hospital and parents' request.

Transport

Two buses collect the trainees for arrival at the Centre at 9 a.m. and again at 4-45 p.m., when the trainees depart for home.

Some of the trainees from the Kesteven and Lindsey County areas are provided with transport, others receive fare expenses.

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Notification to the Local Health Authority of certain of the infectious diseases is an important statutory duty required of all doctors practising within the Authority's area.

It is the first step in the control of the various infectious diseases and makes possible the compilation of local and national statistics.

The following table shows the incidence of the Notifiable Infectious Diseases during the last 5 years in Lincoln:

<i>Disease</i>	1961	1962	1963	1964	1965
Diphtheria	—	—	—	—	—
Scarlet Fever	18	12	16	33	69
Erysipelas	4	—	6	3	2
Puerperal Pyrexia	1	4	2	3	2
Ophthalmia Neonatorum ..	—	—	—	1	—
Chickenpox	159	446	780	141	—
Measles	1361	70	1218	1049	461
Whooping Cough	48	2	6	129	2
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever ..	1	—	—	—	1
Dysentery	80	143	22	2	79
Food Poisoning	9	6	11	10	2
Pneumonia	15	3	6	6	—
Meningococcal Infection ..	1	1	—	—	—
Acute Poliomyelitis:					
Paralytic	—	—	—	—	—
Non-Paralytic	—	—	—	—	—
Acute Encephalitis	1	—	—	—	—
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—
Anthrax	1	—	—	—	—

Diphtheria

No case of Diphtheria occurred in the City during 1965, the last notification being in 1950.

Scarlet Fever

69 cases of Scarlet Fever were notified during the year, the highest number since 1960 (75 cases). In the last three years the number of Scarlet Fever notifications received has increased and although the disease has been generally mild in character, a small number of children had more severe symptoms and made a slow recovery.

Erysipelas

Two cases of Erysipelas were notified, both males.

Puerperal Pyrexia

Two cases of Puerperal Pyrexia were notified during the year; both cases occurred in hospital.

Chicken Pox

Chicken Pox ceased to be a notifiable disease in Lincoln on 31st December, 1964.

Measles

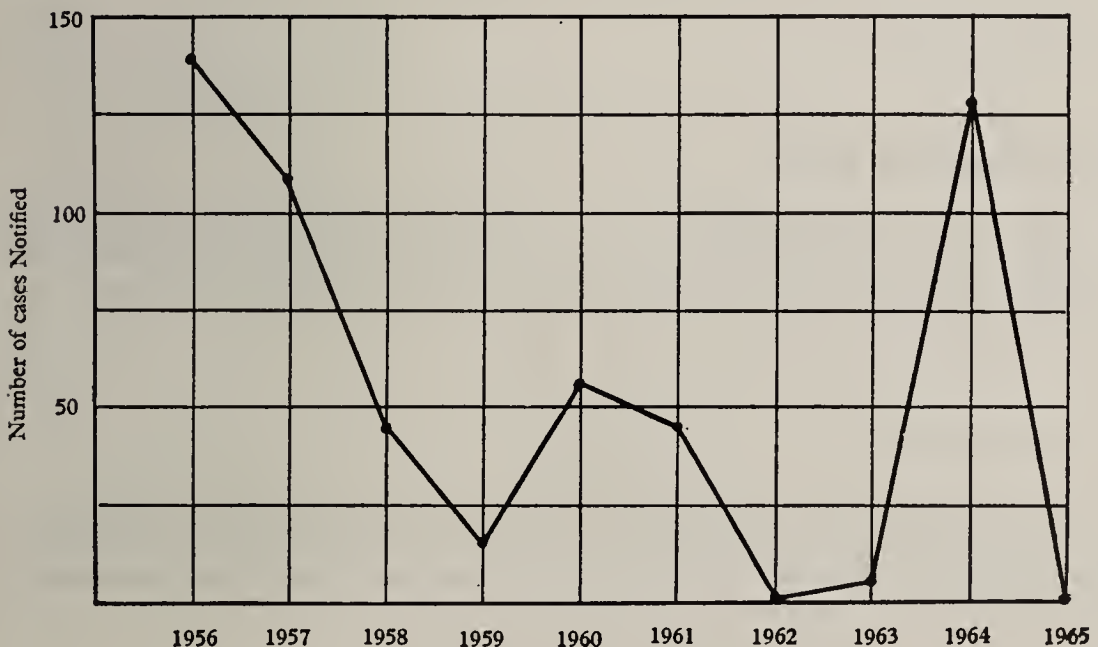
461 cases of Measles were notified during 1965, a considerable decrease on the previous year. 353 of these cases were notified during the first quarter of the year and, together with the 822 cases notified in the last quarter of 1964, probably constituted the usual biennial epidemic, rather earlier than expected. As in the preceding year, the disease was distributed fairly evenly over all age groups up to 9 years of age with a slight emphasis on the 2-4 year old group.

Whooping Cough

Two cases of Whooping Cough were notified in 1965 compared with 129 cases notified in the previous year.

The following graph shows the incidence of Whooping Cough in Lincoln during the past ten years:—

INCIDENCE OF WHOOPING COUGH IN LINCOLN
DURING THE PAST 10 YEARS



Although only two cases of Whooping Cough were notified in 1965, one should not lose sight of the fact that in the previous year over 100 cases were notified forming part of an epidemic which occurred throughout the Country

and of the fact that this occurred more than ten years after Whooping Cough Immunisation was started.

Dysentery

79 cases of Dysentery were notified during the year but this figure represents only a proportion of the cases occurring in the City. It is known, from Public Health Laboratory reports, that there were at least 199 positive cases of *Shigella sonnei* infection and it is impossible to estimate the number of people who were ill but who did not consult a doctor or those who were treated for diarrhoea but from whom no specimens were sent to the Public Health Laboratory for examination. Most of the cases occurred during the last quarter of the year.

A number of pupils attending Infant and Junior schools were affected, particularly at Monks Road (Infant and Junior) and St. Hugh's R.C. School. All known or suspected cases were visited by a Public Health Inspector and excluded from school, the parents being advised to seek medical attention if they had not already done so. The Head Teachers of the schools concerned were most co-operative in letting the Department know of any child believed to be suffering from diarrhoea and all such cases were investigated and faecal specimens submitted for examination by the Public Health Laboratory. In spite of receiving medical treatment some children continued to give positive specimens for long periods and it was decided that there was little, if any, risk in letting these children return to school while still positive provided they had received medical treatment and were clinically recovered. Had this practice not been adopted some children would have been away from school until well into the New Year. Each case was treated on its merits, due regard being paid to the standard of hygiene in the child's home before return to school was authorised and there has been no evidence to suggest that infection was passed to others by these children.

Details of the outbreak at the Newland Day Nursery are given on Page 22 of this Report.

Para-Typhoid Fever

One case of Para-Typhoid fever was notified, the first since 1961. The patient was a housewife aged 60 years who had been in contact with a case of Para-Typhoid when on holiday. The infecting organism was *Salmonella Paratyphi B* (type 3b var. 6).

Food Poisoning

Two cases of Food Poisoning were notified, both being confirmed by the Public Health Laboratory. The infecting organisms were *Salmonella virchow* and *Staph. Aureus*. One case of *Salmonella anatum* was ascertained otherwise than by notification.

Poliomyelitis

No case of Poliomyelitis was notified and this is the fifth successive year during which no case has occurred in Lincoln.

TUBERCULOSIS

Notifications

The number of notifications received during the year was 22 (18 pulmonary and 4 non-pulmonary) as compared with 24 (23 pulmonary and 1 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:

			0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY									
Males	...	...	—	—	—	7	4	3	14
Females	...	...	1	—	1	—	2	—	4
			1	—	1	7	6	3	18
MENINGES AND C.N.S.									
Males	...	...	—	—	—	—	—	—	—
Females	...	...	—	—	—	—	—	—	—
			—	—	—	—	—	—	—
OTHER FORMS									
Males	...	...	—	—	—	2	—	—	2
Females	...	...	—	—	—	1	1	—	2
			—	—	—	3	1	—	4

The number of notifications received during the year was the lowest recorded and it is gratifying to report that no case of Tuberculous Meningitis occurred in 1965.

Deaths from Tuberculosis

Four deaths occurred during 1965 due to Pulmonary Tuberculosis; 3 males aged 35, 48 and 69 years and one female aged 45 years.

Summary of Notifications and Deaths over last 10 years

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Notifications ...	44	63	53	52	39	38	47	23	24	22
Deaths ...	8	11	5	8	3	3	6	4	4	4

Acute Rheumatism Regulations, 1953 to 1958

The Acute Rheumatism Regulations, 1953, provided for the notification of Acute Rheumatism in persons under the age of 16 years residing in specified parts of England, including the County Borough of Lincoln.

The Acute Rheumatism (Amendment) Regulations, 1958, extend the operation of the 1953 Regulations for an indefinite period.

No case was notified in Lincoln during 1965, but two cases were ascertained other than by notification, the diagnosis in each case being Rheumatic Heart Disease with Polyarthritis.

Notifications during the past ten years were as follows:

1956	..	..	..	1
1957	..	..	..	8
1958	..	..	..	2
1959	..	..	..	1
1960	..	..	..	—
1961	..	..	..	1
1962	..	..	..	1
1963	..	..	..	1
1964	..	..	..	2
1965	..	..	..	—

VENEREAL DISEASES

The Venereal Diseases clinic is held at the County Hospital, Lincoln.

During 1965, 97 Lincoln patients attended for the first time. Of these 24 proved to be suffering from Venereal Disease and 73 from Non-Venereal conditions.

The number of new cases of Venereal Disease amongst patients domiciled in the City who came under treatment for the first time during the last five years was:

				<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Total</i>
1961	..	..	..	4	13	17
1962	..	..	..	5	23	28
1963	..	..	..	1	18	19
1964	..	..	..	1	27	28
1965	..	..	..	1	23	24

I feel it is important to give separate figures for the sexes and for the year 1965, these were as follows:

				<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	..	..	..	—	1	1
Gonorrhoea	..	..	..	19	4	23

No contact tracing was undertaken by the Health Department staff.

WATER

I am indebted to Mr. D. Whiteley, Engineer and Manager, Lincoln and District Water Board for the following brief report on the City's water supply:—

“The quality of water supplied to the City continues to maintain its high standard for domestic use and other purposes.

Routine bacteriological examinations are made weekly of the raw water at the pumping stations and the results have remained at a very satisfactory level.

Regular chemical examinations have been made at quarterly intervals during the year and a small decrease in the hardness of water has been revealed.

Continuous chlorination has been maintained as a prophylactic measure. No additional treatment has been found necessary".

In accordance with the request made in Ministry of Health Circular 1/66, details of the natural occurring Flouride content in the Lincoln water supply are given below:—

<i>Date of Analysis</i>	<i>Fluorides as Fluorine parts per million</i>
January, 1965	0.08
April, 1965	0.11
August, 1965	0.08
December, 1965	0.08

Considerable progress has been made in recent years in reducing the number of houses without an indoor water supply. When a survey was made in 1950, 1170 houses in the City were without an indoor tap and since that date, 1000 houses have been provided with an indoor supply, 144 houses have been dealt with in confirmed clearance areas and approximately 20 houses are to be dealt with in the existing clearance programme. It is believed that there are 7 houses in the City on a well supply but with an indoor tap and sink. One house without an indoor water supply is owned and occupied by an old-age pensioner who does not wish any change to be made.

REGISTRATION OF NURSING HOMES

Homes first registered during the year	..	—
Homes whose registrations were withdrawn		—
Homes on the register at end of year..	..	3
Number of beds provided		
Maternity	..	7
Others	..	35

One of the Homes included in the table above is a Maternity Home for Unmarried Mothers and is registered for 7 maternity beds, with total accommodation providing for upwards of 20 girls at any one time.

The Conduct of Nursing Homes Regulations, 1963, came into operation in August, 1963 and under these Regulations, three Homes in Lincoln are registerable, viz:

Eastholme Nursing Home, 75 South Park.

Plevnor Nursing Home, 8 The Avenue.

Quarry Maternity Home for Unmarried Mothers, Wragby Road.

Certain recommendations in respect of each Home were submitted to the Health Committee for approval in June, 1964.

SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

During 1965, no formal action was taken under the provisions of Section 47 of the National Assistance Act.

However, action was contemplated in certain cases and it was only due to visits by the Medical Officers of Health, the staff of the Health Visiting, District Nursing and Home Help Services and of the Welfare Department that formal action was obviated.

HOUSING

The total number of houses erected in the City was:

	1965	1964
(a) By the Local Authority ..	351	202
(b) By private enterprise ..	22	72
Total ..	373	274

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
FOR THE YEAR

1965

BY

J. JONES, M.R.S.H., M.A.P.H.I.
Chief Public Health Inspector

The Right Worshipful the Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

City Health Department,
Beaumont Fee,
Lincoln.

August, 1966.

Mr. Mayor, Aldermen and Councillors,

I have pleasure in presenting the report of the Public Health Inspectors during the year 1965.

There was only one staff change amongst the public health inspectors, Mr. D. Carruthers left to take up another appointment in March, and in July Mr. D. Drakes came to us from Howden U.D.C. As mentioned in the body of the report, we were unable to recruit the additional inspector authorised for work under the Offices and Shops Act, but apart from this the staffing position was reasonably quiescent in contrast to the upheavals we have had in recent years.

This was the first full year of the operation of the Offices, Shops and Railway Premises Act, and I have set out in the body of the report some details of the work done under this. In view of one comment by an outside body that it would take ten years for all the registered premises under the Act to be inspected, it is pleasing to be able to show that by the end of the year over 60% had had their initial inspection.

The work of clearing the unfit houses continued, 160 being represented. The public enquiry into the Great Northern Terrace Nos. 1 and 2 areas was held in June, but the results of this were not known by the end of the year.

In last year's annual report, I expressed the hope that 1965 might see some progress in extending smoke control from the Birchwood, where it continues to function satisfactorily, to the Hartsholme and Swanpool areas. Unfortunately, the financial implications of this still deter the Council. The National Coal Board are constructing several plants for the production of reactive smokeless fuel, and have indicated that there will soon be adequate supplies of this on the market; and in particular have guaranteed Lincoln sufficient supplies to carry out any extension of smoke control we wish to make. This will have the effect of reducing the initial cost to the Council and the householder, but against this, there is no doubt that the new fuels will be dearer than the gas coke which has been available in the past. It is to be hoped, however, that cost will not be allowed to delay indefinitely the implementation of further smoke control, as when one considers the price of pollution in terms of ill health, and the corrosion of buildings and fabrics, this would indeed be bad economics. The heavily industrialised parts of the country — the so called black areas — are now making such progress in cleaning up their air that if we are not careful, cities like Lincoln which have not in the past suffered from gross pollution to anything like the same extent, may well find themselves in a few years time amongst the comparatively worst polluted parts of the country.

Towards the end of the year, routine work was somewhat interrupted for about two months by the work entailed in dealing with an outbreak of dysentery mostly amongst infants and school children. It was unfortunate that this came just at a time when it was hoped to do a survey of lighting in offices and shops that had been requested by the Ministry of Labour and it was found impossible to carry this out adequately. It is hoped that history will not repeat itself next November, as the Ministry have again asked us to try and do this.

Once again I would like to pay tribute to the public health inspectors and clerical staff for their hard work during the year, and again thank the members of the Health and other Corporation Departments for their co-operation. I would also like to thank the Medical Officer of Health and the members of the Health and Housing Committees for their support.

I am, Your obedient servant,

J. JONES.

Chief Public Health Inspector.

PUBLIC HEALTH INSPECTION OF THE AREA

The Public Health Inspectors section of the Health Department is responsible for the administration of certain parts of the various Public Health and Housing Acts and the following other Acts and Regulations made thereunder:

Agricultural Produce (Grading and Marking) Act, 1928.
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956
 Caravan Sites and Control of Development Act, 1960
 Clean Air Act, 1956
 Factories Act, 1961
 Fertilisers and Feeding Stuffs Act, 1926
 Food and Drugs Act, 1955
 Merchandise Marks Acts, 1887 to 1953
 Offices, Shops and Railway Premises Act, 1963.
 Pet Animals Act, 1951
 Prevention of Damage by Pests Act, 1949
 Rag Flock and Other Filling Materials Act, 1951
 Rent Act, 1957
 Shops Act, 1950
 Slaughterhouses Act, 1958
 Slaughter of Animals Act, 1958

General Inspections

No. of visits

DWELLINGHOUSES AND PUBLIC HEALTH MATTERS

Re defects, nuisances, etc.	..	..	..	..	..	1137
Disinfections carried out	..	..	..	..	..	20
Housing Act, 1957 — inspections	..	..	..	..	..	992
Disinfestation	..	..	..	..	..	97
Treatments carried out	..	..	..	..	..	79
Water Supply	..	..	..	..	..	11
References to Water Board	..	..	..	..	..	3
Improvement Grants	..	..	..	..	..	73
Dangerous structures, references to City Engineer	..	..	..	..	..	16
Rent Act	..	..	..	..	..	10
Infectious diseases — enquiries	..	..	..	..	..	470
— re specimens	..	..	..	..	..	1010
Dustbins	..	..	..	..	..	292
Houses in multiple occupation	..	..	..	..	..	9
Overcrowding	..	..	..	..	..	5
Accumulations	..	..	..	..	..	67
Agricultural Holdings — sanitary conveniences	..	..	..	..	..	6

DRAINAGE

No. of visits	..	..	..	..	..	789
No. of drains tested	..	..	..	..	..	92
No. of drains cleared	..	..	..	..	..	249
References to City Engineer	..	..	..	..	..	132

OTHER PREMISES

Factories — Mechanical	..	..	..	..	..	178
Non-Mechanical	..	..	..	..	..	4
Building and Engineering works	..	..	..	..	..	6
Outworkers	..	..	..	..	..	5

	<i>No. of visits</i>						
Canal boats	..	..	..	..	..	..	13
Caravan sites	..	..	..	..	..	..	5
Hairdressers	..	..	..	..	..	..	52
Interviews	..	..	..	..	..	..	830
Offensive trades	..	..	..	..	..	..	2
Offices, Shops and Railway Premises Act	..	..	..	..	..	..	1076
Pet animal shops	..	..	..	..	..	..	8
Plots of waste land	..	..	..	..	..	..	118
Rodents and other pests	..	..	..	..	..	..	47
Public conveniences	..	..	..	..	..	..	13
Schools	..	..	..	..	..	..	5
Swimming Baths	..	..	..	..	..	..	136
Swine, fowls and other animals	..	..	..	..	..	..	42
Places of public entertainment	..	..	..	..	..	..	9
Unclassified	..	..	..	..	..	..	1163
ATMOSPHERIC POLLUTION							
No. of observations	..	..	..	..	..	..	61
Visits to boiler houses	..	..	..	..	..	..	29
Visits to atmospheric pollution stations	..	..	..	..	..	..	911
Other visits	..	..	..	..	..	..	24
SMOKE CONTROL AREAS							
Survey visits	..	..	..	..	..	..	nil
Contravention visits	..	..	..	..	..	..	1
Other visits	..	..	..	..	..	..	84
MISCELLANEOUS							
Gas — number of visits	..	..	..	..	..	..	1
references to Gas Board	..	..	..	..	..	..	1
Noise abatement	..	..	..	..	..	..	19
UNFIT DWELLINGHOUSES							
No. of dwellinghouses inspected for housing defects under Public Health and Housing Acts	..	..	..	..	..	..	221
No. of inspections made for the purpose	..	..	..	..	..	..	366
No. of dwellinghouses inspected and recorded under Sections 17 or 42 of the Housing Act, 1957	..	..	..	..	..	..	180
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..	..	..	160
No. of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	..	..	..	..	..	..	139
REMEDY OF DEFECTS							
No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority	..	..	..	..	..	..	103
ACTION UNDER STATUTORY POWERS							
Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs.. .. .	..	..	..	..	..	..	11

No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners	2
(b) by local authority	1
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied ..	12
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners	2
(b) by local authority	23

Works carried out by service of Statutory or Informal Notice

HOUSES

Repairs to:

Roofs	25
Spouts	29
External walls	6
Chimneys	4
Internal wall and ceiling plaster	25
Damp walls	3
Doors	15
Windows	15
Floors	13
Fireplaces	5
Staircases	1
Sinks and wastepipes	1
Yard or passage paving	6

VERMINOUS HOUSES

Disinfested and rooms fumigated	79
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DRAINAGE

Private sewers and drains cleansed	249
Sewers and drains repaired	9
No. of visits in connection with drainage	789
Sewers and drains tested	92
Public sewers cleansed or repaired	132
Inspection chambers repaired	1

WATERCLOSETS

Repaired	33
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PROVISION OR RENEWAL OF SINKS	3
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Housing Act, 1957 and Public Health Acts

INFORMAL AND STATUTORY NOTICES SERVED

Informal Notices outstanding December, 1964	66
Informal Notices served 1965	136
Informal Notices complied with 1965	139
Informal Notices outstanding December, 1965	63
Statutory Notices outstanding December, 1964	12
Statutory Notices served 1965	19
Statutory Notices complied with 1965	18
Statutory Notices outstanding December, 1965	13
No. of complaints received and recorded at the Health Department	497

Local Land Charges

1,340 enquiries were received from the Town Clerk's Department in connection with requisition for a search under the Land Charges Act, 1925.

Clearance Areas, Demolition and/or Closing Orders

No. of closing orders made	..	..	..	..	..	4
No. of demolition orders made	..	..	..	..	..	2
No. of buildings closed	..	..	..	..	..	3
No. of houses included in Clearance Areas demolished	..					11
No. of houses represented in Clearance Areas	..	..				154
No. of Clearance Areas represented	..	..	..	..		11

Rent Act, 1957

The Housing Committee considered 3 applications for certificates of disrepair and certificates were issued in all 3 cases.

No applications for cancellation of certificates were received.

Fertilisers and Feeding Stuffs Act, 1926

Eighteen samples were taken under the provisions of the above Act. They consisted of fourteen informal samples of fertilisers and four formal samples of feeding stuffs. One sample of fertiliser was reported by the Analyst to be slightly deficient in nitrogen. The attention of the manufacturers was drawn to the matter and a subsequent sample was found to be satisfactory. Another sample of fertiliser practically conformed with the requirements of the Act. In this case the retailer decided to obtain his supplies from another source.

Agricultural Produce (Grading and Marking) Act, 1928

Appropriate steps were taken to acquaint shopkeepers and market traders with the requirements of the above Act during visits to their premises.

Merchandise Marks Acts 1887 to 1953

Periodic checks for contraventions of the above Acts are made on shopkeepers and stall holders. During the year 976 visits were made and 20 verbal warnings given, chiefly about failure to mark tomatoes correctly.

Rag Flock and Other Filling Materials Act, 1951

Five premises are registered under the above Act.

Four samples of filling materials were submitted for examination during the year and all were satisfactory.

Pet Animals Act, 1951

The above Act regulates the sale of pet animals and requires all persons keeping a pet animal shop to hold a licence. During the year six pet animal shops were licensed on payment of an annual fee of 10/- in each case and in accordance with certain conditions attached to the licence.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

No action was found necessary during the year.

Caravan Sites and Control of Development Act, 1960

There is one site in the City which is registered for 30 caravans. Conditions are reasonably satisfactory and did not give rise to any serious complaint during the year.

Canal Boats

There is no change in the number of canal boats on the register. Thirteen inspections were made and conditions were found to be satisfactory.

Shops Act, 1950

387 visits were made under this Act.

In the early part of the year, the Lincoln Weekly Half Holiday Orders made in 1912 were revoked for all shops except meat shops. It was rather ironical that having gone to considerable trouble to revoke these orders, which had to include the holding of a poll of affected shopkeepers, the position nationally was altered later in the year by the passing of the Shops (Early Closing Days) Act, 1965, which revoked all such local orders. The result of all this is that shopkeepers, including butchers, can now choose any day they wish for their half day closing, and are no longer tied to Wednesday or Saturday afternoons. They must, of course, still close the shop for one half day, and a conspicuous notice must be displayed in the shop stating which day they have fixed. One reason for the change in the law is to make it possible for shopkeepers to adopt a five day week and to close all day on Mondays if they so wish.

The Offices, Shops and Railway Premises Act, 1963

In spite of our inability to recruit the additional inspector authorised by the Council for duties under this Act, a considerable amount of work was carried out.

By the end of the year, a total of 872 premises had been registered, and of these 525 had received a full general inspection. 695 contraventions of the Act had been found and 206 notices were served. Of these 206 notices, at least 57 were entirely complied with during the year, and had the staff and time been available to make more re-inspections, there is no doubt that the figure for complied notices would be much higher. Altogether 1076 visits were made under the Act.

It may be of interest to list the main types of contravention found by numbers of premises.

Unsatisfactory sanitary accommodation	..	..	..	..	157
Unsatisfactory washing facilities	..	..	..	..	98
Lack of first aid equipment	..	..	..	..	70
Potentially dangerous floors, passages and stairs	..	..	..	..	48
Lack of cleanliness	..	..	..	..	47
Inadequate heating	..	..	..	..	20
Inadequate lighting	..	..	..	..	11
Inadequate Ventilation	..	..	..	..	10
Potentially dangerous machinery	..	..	..	..	6

The investigation of accidents in premises covered by the Act is a duty which now has to be undertaken by the public health inspectorate. During 1965, twenty-six accidents were notified and investigated. The most common cause of accidents is falls from stairs, step ladders and chairs. Middle aged ladies appear to be the most accident prone.

In all cases where accidents occurred, constructive suggestions were made by the investigating officer, but in no instance did contraventions of the Act come to light as a result of an accident.

Offensive Trades

The following offensive trades were carried on in the City with the consent of the Council:

Rag and Bone Dealers	..	..	..	..	..	..	..	1
Tripe Boiler	..	..	..	..	..	..	..	1

The trades were carried on in conformity with the byelaws.

Provision of Dustbins to Private Premises

Since 1953 the Council have operated Section 75(3) of the Public Health Act, 1936 whereby they undertake to provide and maintain dustbins for the reception of house refuse at an annual charge not exceeding 7/6 in respect of each dustbin provided and recovered as part of the general rate in respect of the premises for which the dustbin has been provided.

During the year 73 dustbins were provided and 75 were renewed.

In all 2,776 premises have now been provided with dustbins by the Council.

Swimming Baths

Regular visits have been made to the four swimming baths attached to schools and to the open air public bath, while they were in use, to test the water for the presence of free chlorine. Only one of these baths, that at South Park High School, is enclosed, enabling swimming to be undertaken throughout the year.

Westgate School bath was again very popular during the school summer holidays. The new adjustable injector pump fitted in 1964 has proved capable of dealing with the numbers of bathers using this pool.

The parents of children at Skellingthorpe Junior School provided supervision to allow the bath to be used during the summer holidays and this proved very popular.

A total of 221 samples of swimming bath water were submitted to the Public Health Laboratory for bacterial examination. There were three unsatisfactory samples, two related to Westgate School and one to the Lincoln School.

FACTORIES ACT, 1961

Part I of the Act

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	4	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	264	178	11	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	10	6	—	—
TOTAL	286	188	11	—

CASES IN WHICH DEFECTS WERE FOUND:

<i>Particulars</i>	<i>Found</i>	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i>
		<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>		
Want of Cleanliness (S.1)	—	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—	—
Sanitary Conveniences (S.7)						
Insufficient	—	—	—	—	—	—
Unsuitable or defective	15	5	—	—	—	—
Not separate for sexes	—	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—	—
TOTAL	15	5	—	—	—	—

Part VIII of the Act—(Sections 110 and 111)

OUTWORK:

<i>Nature of Work</i>	<i>No. of out-workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
Wearing Apparel Making, etc.	10	—	—	—	—	—
Curtains & Furniture Hangings	3	—	—	—	—	—

Prevention of Damage by Pests Act, 1949.

				TYPE OF PROPERTY				
				Non-Agricultural				
				(1)	(2)	(3)	(4)	(5)
				Local Auth- ority	Dwelling Houses (inc. Council Houses)	All other (including business premises)	Total of Cols. (1), (2) and (3)	Agri- cultur- al.
Number of properties in Local Authority's District				975	25,650	4,875	31,500	48
Total number of properties inspected as a result of notification				30	295	80	405	Nil
Number of such properties found to be infested by:—								
Common Rat	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	19	210	46	275	Nil
Ship Rat	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	7	30	25	62	Nil
Total number of properties inspected in the course of survey under the Act				8	173	14	195	2
Number of such properties found to be infested by:—								
Common Rat	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	1	11	2	14	Nil
Ship Rat	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	Nil	Nil	Nil	Nil	Nil
Total number of properties otherwise inspected (e.g. primarily for some other purpose)				165	5,245	3,162	8,572	8
Number of such properties found to be infested by:—								
Common Rat	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	3	8	11	22	Nil
Ship Rat	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{	Major	...	Nil	Nil	Nil	Nil	Nil
		Minor	...	Nil	2	6	8	Nil
Total inspections carried out includ- ing re-inspections				217	5,767	3,279	9,263	11
Number of infested properties treated by the Local Authority				30	254	89	373	Nil
Total treatments carried out includ- ing re-treatments				35	289	116	440	Nil

Clean Air Act, 1956

Measurement of Atmospheric Pollution — National Survey

Measurements of smoke and sulphur dioxide continued to be made by the five volumetric instruments, and the results sent each month to the Ministry of Technology. A fault in the Hartsholme instrument led to inaccurate figures being obtained for the last six months of the year, and these have had to be disregarded.

Compared with last years figures, both the smoke and sulphur pollution in Lincoln appears to be at a fairly static level. The downward trend in smoke, which was a satisfactory feature of recent years appears to be halted, at least for this year, as does the upward trend in sulphur dioxide which was a disturbing feature of last year's figures. Although there is some slight satisfaction in that the sulphur pollution does not appear to have increased in 1965, the figures are still much too high, and compare unfavourably even with many of those obtained in heavy industrial areas.

Smoke Control Area

This continues to function well, with virtually no contraventions, and as far as can be ascertained, to the satisfaction of the residents in the area. Hopes of extending smoke control during 1965, had unfortunately, to be abandoned.

Industrial Smoke

Ninety visits were paid to boiler plants and industrial premises. Industrial emissions have not been a great problem to the department during the year, most of the plants are well maintained and operated.

Details of twelve new installations were notified, and in the case of eleven of these, prior approval was requested and was granted by the Health Committee. Twelve chimney heights were notified, and were approved, in some cases after modification of the original proposals.

Sewerage and Sewage Disposal

Sewerage and sewage disposal in Lincoln is under the control of the City Engineer, who informs me that while arrangements are reasonably adequate, improvements and extensions are being carried out to the disposal plant to cope with the increased flow, and to produce a higher standard of final effluent.

The only scheme of sewage disposal in the City which is giving rise to concern is that at H.M. Prison, which is an independent disposal scheme and outside the jurisdiction of the local authority. This disposal works is an ancient installation and is far below modern standards. During the latter part of the year some informal approaches were made with a view to getting this disposal plant done away with, and pumping the prison sewage into the main Corporation system, but it is too early as yet to say what the results of these approaches will be.

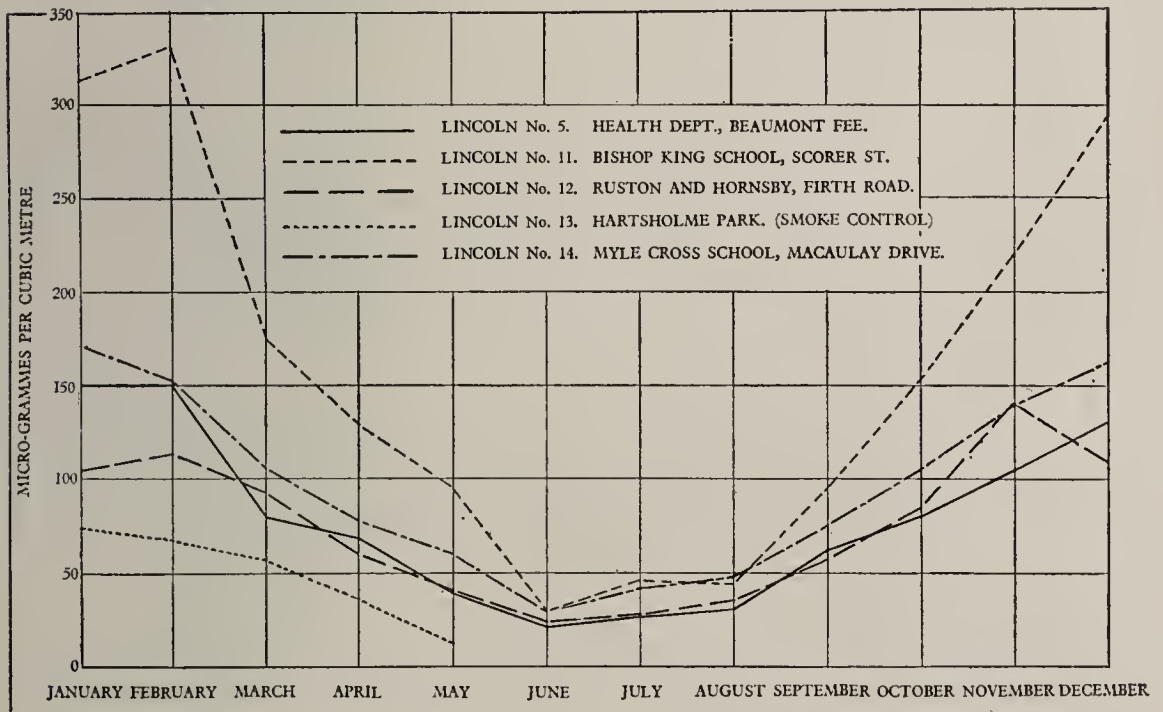
ATMOSPHERIC POLLUTION MONTHLY AVERAGE VALUES

Microgrammes per cubic metre

Smoke Concentration, 1965

Station No.			5	11	12	13	14
January	..	..	150	312	104	74	171
February	..	..	150	330	113	68	152
March	..	..	79	174	92	57	105
April	..	..	68	128	60	35	78
May	..	..	38	94	39	12	60
June	..	..	20	28	23	—	30
July	..	..	26	44	27	—	41
August	..	..	30	43	34	—	46
September	..	..	62	93	57	—	75
October	..	..	80	152	84	—	103
November	..	..	104	220	140	—	139
December	..	..	129	292	109	—	162

SMOKE POLLUTION RESULTS SHOWING MONTHLY CONCENTRATIONS



ATMOSPHERIC POLLUTION

MONTHLY AVERAGE VALUES

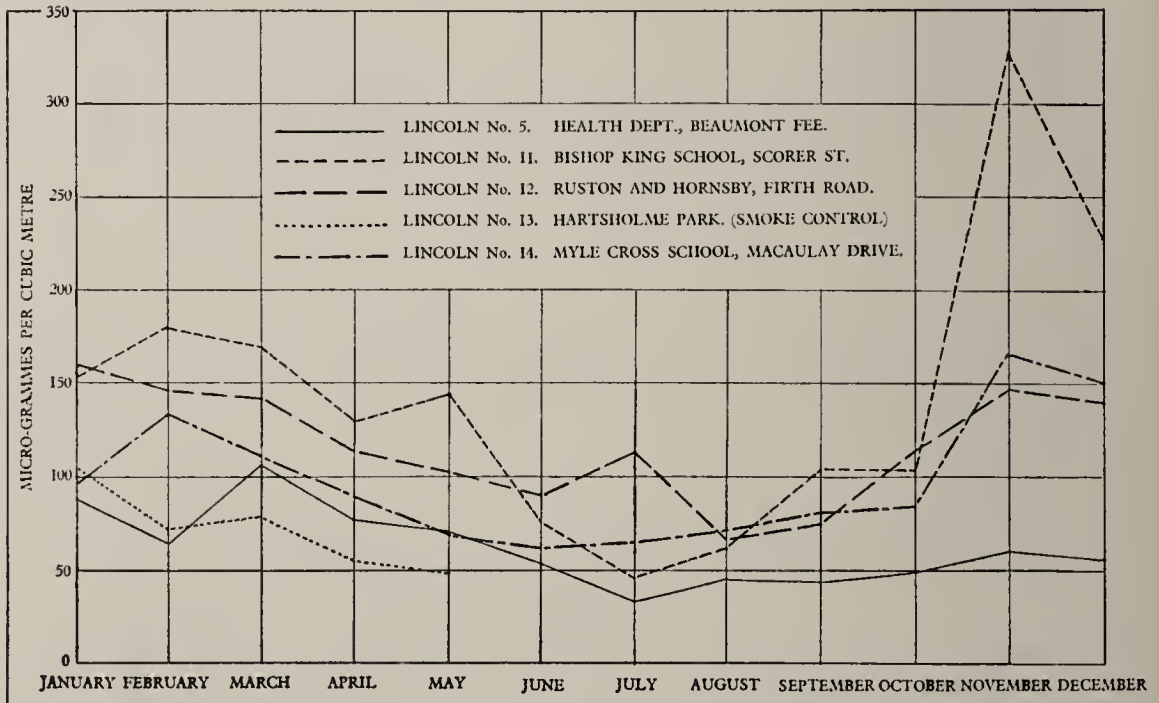
Microgrammes per cubic metre

SO₂ Concentration, 1965

Station No.	5	11	12	13	14
January	88	155	159	105	96
February	64	180	146	72	133
March	106	169	142	79	111
April	77	129	115	55	89
May	71	143	102	48	69
June	53	76	90	-	62
July	32	46	113	-	65
August	45	61	67	-	71
September	43	103	74	-	80
October	49	103	113	-	84
November	60	327	147	-	165
December	55	228	139	-	150

SULPHUR DIOXIDE RESULTS

SHOWING MONTHLY CONCENTRATIONS



FOOD AND DRUGS ACT, 1955

Inspections of Food Premises

Bakehouses	..	..	..	..	..	41
Bakers & Confectioners	..	..	..	..	..	22
Butchers	..	..	..	..	..	118
Cafes	..	..	..	..	..	52
Chemists	..	..	..	..	..	18
Dairies	..	..	..	..	..	169
Fish-Shops/Stalls	..	..	..	..	..	17
Fried Fish Shops	..	..	..	..	..	23
Food Factories	..	..	..	..	..	15
Grocers and General Provisions	..	..	..	..	..	444
Greengrocers	..	..	..	..	..	26
Ice Cream Shops	..	..	..	..	..	78
Hotel Kitchens	..	..	..	..	..	29
Licensed Premises	..	..	..	..	..	53
Markets	..	..	..	..	..	171
Meat Vans	..	..	..	..	..	105
Milk Shops	..	..	..	..	..	55
Mobile Shops	..	..	..	..	..	74
School Canteens	..	..	..	..	..	48
Factory Canteens	..	..	..	..	..	9
Snack Bars	..	..	..	..	..	32
Slaughterhouses — Public	..	..	..	..	..	624
Private	..	..	..	..	..	805
Social clubs	..	..	..	..	..	3
Stalls	..	..	..	..	..	116
Sweet Shops	..	..	..	..	..	33
Wholesale warehouses	..	..	..	..	..	116
Food Inspections other than meat	..	..	..	..	..	11683

3296

Food Poisoning

Food poisoning and suspected food poisoning investigations	..	..	..	..	..	11
Clinical specimens submitted for bacteriological examination	..	..	..	..	..	39

Food Hygiene Regulations, 1960

The number of food premises in the City by type of business is as follows:

Bakers and Confectioners	..	..	..	..	..	27
Confectioners	..	..	..	..	..	90
Butchers	..	..	..	..	..	71
Fishmongers	..	..	..	..	..	10
Fried Fish Shops	..	..	..	..	..	42
Chemists	..	..	..	..	..	26
Restaurants and Snack Bars	..	..	..	..	..	35
Public Houses	..	..	..	..	..	83
Wine and Spirit Merchants	..	..	..	..	..	41
Hotels	..	..	..	..	..	20
Greengrocers and Fruiterers	..	..	..	..	..	34
General Grocers	..	..	..	..	..	240

719

As a result of continued routine inspection of food premises in the city the following improvements were made:—

Food rooms cleaned and redecorated.. ..	24
Equipment cleaned or renewed	7
Protection of food from risk of contamination	5
Wash basins provided or renewed	7
Sinks provided or renewed	3
Hot water provided	12
Locker accommodation for outdoor clothing provided	4
Sanitary accommodation cleansed and redecorated and defects remedied	12

A course for food handlers was held in the Autumn at the Lincoln Technical College. The main purpose of the course was to give general instruction in clean and safe food handling, but the syllabus was so designed that students could, if they wished, take the examination in food handling and food hygiene of the Royal Institute of Public Health and Hygiene. Twenty-three students attended the course, fourteen took the examination and twelve obtained the certificate of the Institute. In addition short courses and talks have been given to personnel employed in food businesses in the City.

Food Samples

312 samples of food and drugs were procured and submitted to the Public Analyst who certified 287 samples genuine and 25 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 4.05

The details of the samples procured and number adulterated or otherwise giving rise to irregularity and the administrative action taken are given below:

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Milk	16	172	168	20	188
Baking Powder	—	2	2	—	2
Beef Meat Paste	—	1	1	—	1
Beef Spread with butter	—	1	1	—	1
Beef suet	—	1	1	—	1
Boneless chicken in jelly	—	1	—	1	1
Bubble gum	—	4	4	—	4
Butter	—	3	3	—	3
Buttered Brazils	—	1	1	—	1
Cake Decorations	—	2	2	—	2
Cheese Spread	—	1	1	—	1
Chewy Fruits.. ..	—	1	1	—	1
Chiclets Fruit Gum	—	1	1	—	1
Chopped Chicken in Jelly	—	1	1	—	1
Corned Beef	—	3	3	—	3
Cream	—	2	2	—	2
Cream Doughnuts	—	1	1	—	1
Creamed Rice Milk Pudding	—	3	3	—	3
Curry Powder	—	1	1	—	1
Dessicated Coconut	—	1	1	—	1
Dressed Crab.. ..	—	1	1	—	1
Flour — Self Raising	—	1	1	—	1

French Mustard	-	1	1	-	1
Fresh Shrimps Sweets ..	-	1	1	-	1
Frucadian Sandwich Nutolate	-	1	1	-	1
Fruitella Sticks	-	1	1	-	1
Fruity Sherbets	-	1	1	-	1
Fudge Ice	-	1	1	-	1
Gelantine	-	1	1	-	1
Glace Cherries	-	1	1	-	1
Grapefruit Juice	-	1	1	-	1
Ground Almonds	-	2	2	-	2
Ground Ginger	-	1	1	-	1
Ground Nutmeg	-	1	1	-	1
Ground White Pepper ..	-	2	2	-	2
Instant Coffee	-	1	1	-	1
Irish Stew	-	1	1	-	1
Jam — Plum	-	1	1	-	1
Jam — Strawberry	-	1	1	-	1
Jelly — Cherry	-	1	1	-	1
Jelly — Lemon	-	1	1	-	1
Jelly — Raspberry	-	1	1	-	1
Jelly — Strawberry	-	1	1	-	1
Lard	-	2	2	-	2
Lemon Curd Tarts	-	1	1	-	1
Lemon Drink	-	2	2	-	2
Margarine	-	1	1	-	1
Margarine with 10% butter	-	1	1	-	1
Marmalade	-	1	1	-	1
Marzipan	-	1	1	-	1
Milk Chocolate Teddy Bears	-	1	1	-	1
Minced Beef	-	1	1	-	1
Minced Beef and Gravy ..	-	1	1	-	1
Mincemeat	-	1	1	-	1
Mixed Peel	-	1	1	-	1
Octopus on skewer	-	1	1	-	1
Orange Drink	-	2	2	-	2
Pineapple Chunks	-	1	1	-	1
Potted Beef	-	1	1	-	1
Potted Beef with Butter ..	-	2	1	1	2
Processed Peas	-	1	1	-	1
Pure Coffee	-	1	1	-	1
Raspberry Jam Tarts	-	1	1	-	1
Salmon, Pink	-	1	1	-	1
Sausage, beef	1	12	11	2	13
Sausage, pork	-	11	10	1	11
Soup, beef noodle	-	1	1	-	1
Soup, cream of mushroom	-	1	1	-	1
Soup, Irish potato	-	1	1	-	1
Soup, kangaroo tail	-	1	1	-	1
Soy Sauce	-	1	1	-	1
Speedwell Chews flavoured	-	1	1	-	1
Sports Mixtures Sweets ..	-	1	1	-	1
Steak and Kidney Pie	-	1	1	-	1
Steak, braised	-	1	1	-	1
Stewed Steak, tinned	-	2	2	-	2
Stewed Steak with gravy ..	-	1	1	-	1

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Tea	-	2	2	-	2
Tomato Intercasa	-	1	1	-	1
Tomato Puree	-	1	1	-	1
Tomato Ketchup	-	1	1	-	1
Tomatoes, tinned	-	2	2	-	2
	17	295	287	25	312

Samples Adulterated or Otherwise giving rise to irregularity

(a) Administrative Action Taken

Of the 25 samples adulterated or otherwise giving rise to irregularity 17 were taken formally and 8 informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. Milk. An informal sample was found to be deficient in milk-fat to the extent of 12% and slightly deficient in milk-solids other than milk-fat.
8. milk-fat. A further informal sample was taken and found to be deficient in milk-fat to the extent of 9%. Formal samples were taken and were found to be deficient in milk-fat to the extent of 14.6%, 37.6% and slightly deficient in milk-solids other than milk-fat. The producer requested "Appeal to the Cow" samples to be taken. "Appeal to the Cow" samples were taken and were found to be slightly deficient in milk-solids other than milk-fat and deficient in milk-fat to the extent of 7.3% and 20% respectively. The Milk Production Officer of the Ministry of Agriculture, Fisheries and Food gave advice and guidance regarding feeding arrangements and a subsequent informal sample was taken and proved to be satisfactory.
9. Beef Sausage. An informal sample contained not more than 46.9% of meat and was thus deficient in meat to the extent of 6.2%. A further sample was taken.
10. A formal sample contained not more than 48.5% of meat and was thus slightly deficient in meat. This appears to have been a freak occurrence as sausages from this firm normally show a meat content of over 50% and under the circumstances a letter of warning was considered sufficient.
11. Milk. An informal sample was taken and found to be deficient in milk-solids other than milk-fat. The sample also contained added water to the extent of 4.9%. Further samples were taken.
19. Eight formal samples were taken and contained added water to the extent of 2.5%, 3.2%, 3.4%, 4.9%, 4.0%, 4.8% and 6.2% respectively. The producer was ill at the time these samples were taken and his wife was using the in-churn cooler incorrectly. The Prosecutions Sub-Committee sent a letter of warning to the producer.
20. Potted Beef with butter. An informal sample taken contained excess water to the extent of 14.2%. The manufacturers were written to and this product appears to have been withdrawn from sale in the Lincoln area, as it has not been possible to obtain any for further sampling.

21. Milk. An informal sample was taken and found to be deficient in milk-solids other than milk-fat and to contain added water to the extent of 3%.
22. Formal samples were taken and both were deficient in milk-solids & other than milk-fat and contained added water to the extent of 4.9% and 4.4% respectively. Investigations established that water was getting into the milk inadvertently, due to careless rinsing of teat cups after each cow had been milked, and the investigating officer was satisfied that there was no fraudulent intent. A warning was given to this producer and a subsequent informal sample proved to be genuine.
24. Pork Sausage. This informal sample contained an excess of fat. The butcher was interviewed and he agreed to alter his recipe. A further sample was taken and conformed to the Food Standards.
25. Boneless Chicken in Jelly. This informal sample was deficient in meat by 12.5%. This was a foreign produce and the matter was taken up with the Importers who informed us that the meat content was being increased.

Offences other than those indicated by sampling

Legal Proceedings

Food and Drugs Act, 1955

1. Sold a mouldy pork pie. Fined £12.
2. Sold a loaf of white bread containing pieces of string. Fined £10.
3. Sold bacon containing maggots. Fined £10.
4. Sold carton of sour milk. Fined £5.

Informal Action

1. Complaint of splinter of glass in a tin of salmon. Tests showed that these were natural salts. No further action.
2. Mould on pikelets. Examination of same consignment failed to disclose anything untoward in this quick-selling line. Letter of warning.
3. Small piece of glass in an undamaged milk bottle. No explanation as to how the glass got into the milk. A warning to the dairy concerned.
4. Brown deposit on bottom of milk. A case of a misused bottle getting into circulation again. Letter of warning to the dairy.
5. Complaint of unfit gorgonzola cheese. The cheese was found to be quite edible but a little "wet", most probably caused by temperature change.
6. Maggot in bar of chocolate. Appeared to be due to long storage of the chocolate at the shop. As the complainant did not wish to give evidence, a letter of warning was sent.
7. Fly eggs on liver. Investigation suggested that eggs were most likely in one of the tubes of liver on arrival from supplier. Warning given.
8. Apple tart containing small piece of metal which probably sheared off when the tinned apples were opened. Complainant unwilling to give evidence so warning given.

9. Internal rusting of small can of corned beef affecting contents. The result of laboratory examination was negative. Stock withdrawn.
10. Small metal nut embedded in pastry of a custard pie. Investigation showed that the machine concerned had recently broken down and when examined by the fitters a metal nut of the type found was missing. Warning to firm.
11. Dead earwig in a meal of chips, tomatoes and bacon from a local cafe. The Health (Prosecutions) Sub-Committee decided to issue a strong letter of warning with an intimation that any further such incident might result in prosecution.
12. Complaint that bottle of milk had been watered. More than half the milk had been consumed. Examination did not substantiate the allegation.
13. Potatoes not fit to eat due to large amount of waste in peeling. Grocer advised to exercise care to see unfit potatoes were not sold.
14. Bottle of lemonade smelling of some substance resembling turpentine. A bottle which had been misused by the public and had escaped the sniff of the factory spotters! A warning was issued by the Health (Prosecutions) Sub-Committee.
15. A mouldy wrapped bread loaf. Unsuitable keeping conditions at complainant's home. Manufacturer seen about allowing sufficient cooling time before bread is wrapped.
16. Boiled pork hock smelling offensively. Complainant unwilling to give evidence. Stern warning to the firm concerned about exercising care in stock rotation.
17. Splinter of glass in a bottle of milk. Bottle concerned intact. May have been a splinter retained by the rubber seating of a rubber valve. The dairy received a severe warning.
18. Cheese spread affected with mould. Delay had occurred between manufacture and sale. The shop keeper's attention was drawn to the importance of correct rotation of stocks.
19. Mouldy pork pie. After carefully considering all the circumstances the Health (Prosecutions) Sub-Committee decided to send a strong warning to the retailer.
20. Maggots in pre-packed bacon. Complainant did not wish any formal action to be taken. Warning to firm which carried out improvements to its anti-fly measures.
21. Piece of string in loaf of bread. Slight defect found in flour sifter at bakery. This fault had apparently arisen between weekly inspections. Firm warned.
22. Baby food alleged to have caused stomach upset. Laboratory tests on the food were negative.
23. Wood screw in Swiss sandwich cake. High standard of hygiene maintained and modern detectors used by the bakery concerned. Complainant did not wish to pursue the matter.
24. Cheeseslices containing foreign body. Analysis revealed that the matter was tin foil. Letter of warning to manufacturer sent by Health (Prosecutions) Sub-Committee.

25. Cheese sandwiches alleged to have peculiar taste. Investigations showed that sandwiches were prepared under good hygienic conditions and tasting the cheese and sandwiches revealed nothing abnormal.
26. Canned meat with stain. It was established by laboratory investigation that the stain was rust due to the fact that the welding of the key on the lid had damaged the internal lacquer of the can. Practice of securing key in this way discontinued. All similar stock withdrawn.
27. Iced lolly with bitter taste. Analysis showed the sample contained calcium chloride which is a refrigerant used in its manufacture. The apparatus is regularly inspected by the firm but a minute crack had developed in one of 1600 pockets in the machine.
28. Sausages said to have caused sickness and diarrhoea. Examination of the remaining portions of sausages by the Public Health Laboratory gave a negative result.
29. Mouldy canned stew. Small puncture hole in can near the base. Strong letter of warning to shop keeper to ensure that staff carefully check the quality of food exposed for sale.
30. Cafe meal of fillet steak and onions — alleged that steak was not “fillet”. Supplier had shown “fillet” on the invoice. Portion appeared to have been badly cut and could possibly have been fillet.
31. Green colouration in canned rice. Foreign matter appeared to be small piece of pea or rhubarb. Purchaser recompensed by supplier.
32. Dark stain on crust of bread loaf. Appeared to have come from the baking process. The attention of the firm was drawn to the matter.
33. Mouldy pork pie sold from vending machine. Company concerned aware that things were not satisfactory and staff changed. Strong letter of warning sent.
34. Foreign matter in milk. A full investigation did not reveal how the material got into the milk. Warning to the dairy.
35. Steak and Kidney pie affected with mould. Obviously an old pie. Complainant unwilling to give evidence. Warning to shop keeper.
36. Insect in slice of bread. Appeared to be type of moth. Thorough investigation failed to show anything wrong in the bakery which maintains a high standard of hygiene. Warning.
37. Piece of rubber in packet of butter. Investigations suggested it might have been in the imported bulk butter. Attention of packers drawn to matter.
38. Animal hair in tin of meat. Apparently a piece of hide left on the shin area of a carcass of beef which managed to become mixed in the product due to a fault in the quality control inspection. The incident was brought to the attention of the factory concerned.

Milk Supply

Lincoln is a Specified Area in which only specially designated milk may be sold by retail.

Milk and Dairies (General) Regulations, 1959.

No. of milk distributors on the Register	..	..	..	..	152
No. of dairies on the Register	..	..	..	..	6

The Milk (Special Designation) Regulations, 1960.

No. of dealers licences to use the designation "Untreated"	11
No. of dealers (Pasteuriser's) licences	2
No. of dealers licences to use the designation "Pasteurised" ..	58
No. of dealers licences to use the designation "Sterilised" ..	119

475 samples of designated milk were submitted for examination and of these 3 samples failed to pass the test prescribed by the appropriate Regulations.

All the samples were examined at the Public Health Laboratory, Lincoln. The following tables give the information in more detail:

HEAT TREATED MILK:

Designation	No. of samples	Passed Meth. Blue Test	Phos-phat-ase	Failed Meth. Blue Test	Phos-phat-ase	Passed Turbidity	Failed	Unsatisfactory Samples No.	%
Pasteurised	191	185	188	3	3	—	—	3	1.6
Pasteurised (School)	79	77	79	—	—	—	—	—	—
Pasteurised (Channel Islands)	94	94	94	—	—	—	—	—	—
Sterilised	78	—	—	—	—	78	—	—	—
	442	356	361	3	3	78	—	3	1.6

3 samples of Pasteurised Milk and 2 samples of Pasteurised (School) Milk, were not submitted to the Methylene Blue Test. On these occasions the overnight atmospheric shade temperature exceeded 70°F and the test was thus rendered void.

RAW MILK:

Designation	No. of samples	Methylene Blue Passed	Methylene Blue Failed	Unsatisfactory No.	Samples %
Untreated (Farm Bottled)	33	27	1	1	3.0

On 5 occasions the overnight shade temperature exceeded 70°F. and the test was thus rendered void.

Cream

69 samples of cream were submitted for bacteriological examination, 55 samples were satisfactory, and 14 samples unsatisfactory.

Examination for Tubercle Bacilli and Brucella Abortus

9 samples of Untreated (Farm Bottled) milk were submitted for biological examination. All samples were negative for Tubercle Bacilli and Brucella Abortus.

All samples were examined at the Public Health Laboratory, Lincoln.

Bacteriological Examination of Milk Equipment

Regular checks were made during the year on the bacteriological condition of the equipment at the pasteurising establishments in the City and in this connection the following numbers of specimens were submitted to the Public Health Laboratory.

	<i>No. of specimens</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk bottles ..	570	529	41
Milk churns ..	30	28	2
Milk Plant Swabs	17	17	—

Ice Cream

No. of premises registered for sale 319

64 samples were examined at the Public Health Laboratory, Lincoln.

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>	<i>Percentage</i>
1	4½ hours or more	53	82.81
2	2½ to 4 hours	5	7.81
3	½ to 2 hours	4	6.25
4	0 hours	2	3.13

It is recommended in connection with the grading of samples that over a period 50% of a vendor's samples should fall in Grade 1, 80% into grades 1 or 2 and not more than 20% into grade 3, and none into grade 4.

In the case of the two samples in grade 4, the attention of the public health inspectors in the districts concerned was drawn to the matter.

Orange Juice

41 samples were examined at the Public Health Laboratory, Lincoln and were satisfactory.

Preserved Food

82 premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food, but many of these have ceased to function for the purpose for which they are registered.

Inspection of Meat

In addition to the City Abattoir there are three private slaughterhouses in the City; but one of these was not used during the year.

The number of food animals slaughtered at the three slaughterhouses was 48,742 compared with 49,374 in 1964, a decrease of 632.

Since 1962, when the number slaughtered was 50,236, the number now shows a decrease of 1,494, consisting mainly of cattle. These figures appear to coincide with the falling off of supplies of cattle to the local cattle market which is regrettable from many points of view.

The following table shows the incidence of tuberculosis and other diseases in the various classes of animals.

		<i>Cattle excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Goats</i>
Number killed ..	..	5,234	203	57	17,328	25,919	1
Number inspected	..	5,234	203	57	17,328	25,919	1

*All Diseases except
Tuberculosis:*

Whole carcasses condemned	4	3	6	32	65	—
Carcasses of which some part or organ was condemned	676	11	1	130	1,997	—
Percentage of the number inspected affected with disease other than tu- berculosis	13.0%	6.9%	12.3%	.93%	7.9%	—

Tuberculosis only:

Whole carcasses condemned	—	—	—	—	2	—
Carcasses of which some part or organ was condemned	—	—	—	—	287	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	1.1%	—

Cysticercosis

Carcasses of which some part or organ was condemned	20	1	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	2	—	—	—	—	—

Cysticercus Bovis

Routine inspection has now been carried out for seventeen years. During this time there has been a welcome reduction in the percentage of infestation which was 2% in 1955 and is now at the low figure of 0.036%.

Viable cysts were found in 2 animals.

The following table shows the incidence of infection of all bovines inspected to be 0.036%. This is a decrease on the 1964 figures of 3 animals representing 0.05% of all bovines.

<i>Bovines Slaughtered</i>		<i>No. infected with C. Bovis</i>		<i>No. of Generalis- ed Cases</i>		<i>Percentage infection of all Bovines.</i>
<i>Cows</i>	<i>Others</i>	<i>Cows</i>	<i>Others</i>	<i>Cows</i>	<i>Others</i>	
203	5,234	—	2	—	—	0.036%

The cysts were located in the animals as follows:

Head	1
Heart	1

The carcasses and remainder of the offal of the 2 animals were placed in cold storage at a temperature of 20°F for three weeks or at a temperature of 14°F for two weeks and then released for human consumption. This is in accordance with the recommendations of Memo. 3 Foods of the Ministry of Agriculture, Fisheries and Food.

Degenerated cysts were also found in 21 animals located as follows:

Cheek	..	..	2
Head	..	..	9
Heart	..	..	9
Skirt	..	..	1

Foods Condemned

The amount of foodstuffs condemned as unfit for human consumption was:

			<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	8	8	2	6
Offals	..	..	8	0	2	10 $\frac{1}{2}$
Other Food	..	..	8	13	4	5
Fish	..	..			5	7
			25	2	7	0 $\frac{1}{2}$

The amount of foodstuffs condemned in 1964 was 19 tons 8 cwt. 12 $\frac{1}{4}$ lbs. This year's figures show a considerable increase which is largely due to the amount of other foods, in particular frozen foods, which have had to be condemned owing to electrical breakdowns in refrigerators.

Slaughter of Animals Act, 1958

Forty-three applications for licences to slaughter or stun animals in a slaughterhouse were granted.

CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1965

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
*Medical Officer of Health and Principal School
Medical Officer for the City of Lincoln*

CITY OF LINCOLN EDUCATION COMMITTEE

YEAR ENDED 31ST AUGUST, 1965

Chairman of the Education Committee:

Councillor K. RAWDING, J.P. (until May, 1965)
Councillor S. WILSON (from May, 1965)

Members of the Education Committee:

Alderman W. E. HERBERT	Councillor J. H. SPENCE
Alderman SIR FRANCIS HILL, C.B.E., LITT.D., LL.D.	Councillor J. T. WARD
Alderman J. W. RAYMENT, J.P.	Councillor A. S. WOOLHOUSE*
Alderman E. J. RICHARDSON, J.P.	Councillor S. WILSON
Councillor P. W. ARCHER, J.P.*	The Right Rev. Monsignor E. H. ATKINSON, v.g.
Councillor F. BLACKBOURN*	The Rev. C. G. BALHATCHET, M.A.*
Councillor G. G. ELSEY, J.P.	Mr. D. J. LOGAN
Councillor H. EVANS	The Rev. T. M. MORROW*
Councillor J. W. D. GARDINER	The Rev. Canon N. S. RATHBONE, M.A.*
Councillor D. P. GOSSOP	
Councillor B. H. KENDALL*	Miss J. E. SKINNER, M.A.*
Councillor T. MURPHY*	Mrs. T. F. TAYLOR
Councillor Mrs. A. J. NAFTALIN*	Mrs. M. A. TOOMER
Councillor W. PIXSLEY	Mr. E. H. TUTTY
Councillor K. RAWDING, J.P.*	

Chief Education Officer: Mr. F. A. STUART, M.A., D.P.A.

*The Rev. C. G. Balhatchet ceased to be a member of the Education Committee in September, 1964, and Councillors F. Blackbourn, K. Rawding and A. S. Woolhouse ceased to be members in May, 1965. Councillor Mrs. A. J. Naftalin, The Rev. T. M. Morrow, The Rev. Canon N. S. Rathbone and Miss J. E. Skinner were appointed to the Education Committee in December, 1964, and Councillors P. W. Archer, B. H. Kendall and T. Murphy in May, 1965.

SPECIAL SERVICES COMMITTEE

Chairman:

Alderman E. J. RICHARDSON, J.P.

Alderman E. J. RICHARDSON, J.P.	Councillor J. T. WARD
Councillor F. BLACKBOURN*	Councillor S. WILSON*
Councillor G. G. ELSEY, J.P.	The Right Rev. Monsignor E. H. ATKINSON, v.g.
Councillor H. EVANS	
Councillor J. W. D. GARDINER	Mr. D. J. LOGAN
Councillor D. P. GOSSOP	Miss J. E. SKINNER, M.A.*
Councillor W. PIXSLEY*	Mrs. M. A. TOOMER
Councillor J. H. SPENCE*	

*Miss J. E. Skinner was appointed to the Special Services Committee in December, 1964 and Councillors W. Pixsley and J. H. Spence were appointed in May, 1965. Councillors F. Blackbourn and S. Wilson ceased to be members of the Committee in May, 1965.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

I submit my Annual Report on the health of the school children in the City and the work of the School Health Department during the year 1965.

The school population (13,249) showed a slight increase on that for the previous year (13,111).

The pattern of routine medical inspection continued as in previous years and of the 3,697 children examined, 1,094 were found to have defects which required treatment. Visual defects accounted for more than half of the total number. The remainder were mainly Orthopaedic defects and defects affecting the ear, nose and throat.

The arrangements for the annual testing of vision continued and during the year, of the 7,470 children tested, 113 were referred for treatment and 256 were placed under observation. These figures represent the number of children found to have defects which would not otherwise have been detected if the scheme for the annual testing of vision had not been introduced. In addition 445 children were found to have defective vision at routine medical inspections. The figures obtained in the three years during which annual testing of vision has been carried out prove beyond doubt the value of this measure and the number of children now in school with undetected visual defects must be very low indeed.

The testing of vision in schools, although being very necessary has in some schools been a very difficult procedure when using the Snellen Test Card read from a distance of six metres. Adequate lighting of the card has not always been possible and the requisite distance in some instances has been impossible to achieve. It was therefore decided to purchase a vision screening instrument which would enable the School Nurses to carry out their vision tests in consistent test conditions which do not vary. This has proved to be a success despite the fact that the instrument is rather bulky and difficult to transport.

The health of the children on the whole remained very good throughout the year. However, Dysentery proved troublesome in the latter months and more cases of Scarlet Fever occurred than has been the case in recent years. One had the impression that some of these cases were similar to the classical type of Scarlet Fever which has been uncommon in recent years and possibly one should not ignore this as it may be that the organism is increasing in virulence. The relatively small number of school children who had measles was not unexpected, as 1965 was not a year in which an epidemic was anticipated. However, in the past three years approximately 1,200 children have been absent from school for about two weeks due to Measles and no doubt serious consideration will need to be given at an early date regarding the desirability of Measles vaccination in infancy.

There appears to be no evidence that the incidence of verrucae amongst school children is diminishing, indeed the reverse may be the case. Although this is not a serious condition, a good deal of school time is lost in attending for treatment which may take many weeks. In order to reduce this time loss, arrangements were made for one of the Local Authority's Chiropodists to make regular visits to two Secondary Schools (Girls) to carry out treatments. It was not surprising that the Chiropodist reported that after having paid

many visits to the schools, he found in addition to the incidence of veruccae infection being high, the incidence of foot defects of many other types was also remarkably high. This was not unexpected in view of the unsuitable type of footwear now commonly worn.

The incidence of vermin infestation was similar to that in the previous two years *viz.*: 2.7% of children inspected were infested. A more positive action was taken in dealing with this infestation and 198 Notices to Cleanse were issued under Section 54(2) of the Education Act and 4 Cleansing Orders were issued. The figures in the body of the report again demonstrate that a relatively small number of families are the source of infection of many of the cases.

Dr. G. McK. Nicholl took up his appointment as Consultant Children's Psychiatrist in February, 1965 and apart from the resignation of one of the Secretaries, there were no staff changes at the Child Guidance Clinic during the year. One problem remains, however, before it can be stated that the Clinic is entirely satisfactory and that is that suitable central premises must be found for the Clinic as it is not possible to continue the tenancy of the premises at 'Lindum Lodge' indefinitely. The scope of the work of the Clinic will be extended considerably when in-patient beds are provided locally as is hoped will be the case in 1966.

The Lincoln Dental Health Campaign was held from 9th November, 1964 until 5th March, 1965 and a fairly detailed account of the Campaign is given in an Appendix to this Report. I wish to state here, however, that this Campaign was an outstanding success. The Campaign took approximately six months to prepare and credit for its success was almost entirely due to the Principal School Dental Officer, Mr. C. K. Fenton Evans, who spent many hundreds of hours in the detailed planning and organisation of the Campaign. The entire staff of the School Dental Service undertook a great deal of work outside normal duty hours. It is difficult to think of any aspect of the Campaign which could have been better organised or anything which was not done which could usefully have been done.

A detailed analysis and assessment of the Campaign carried out in the weeks following showed beyond any doubt that considerable success had been achieved and routine dental inspections carried out in Primary and Junior Schools since the end of the Campaign showed that an average of 60% of pupils needed treatment compared with nearly 90% before the start of the Campaign. It is hoped that this figure of 60% will be further reduced in the future as a comprehensive Dental Health Education Programme has been arranged for the schools and a Dental Health Education Officer has been appointed.

Despite the amount of time spent on the Dental Health Campaign, the clinical work was not reduced. The pattern of dental treatment remained as in the previous year, namely that the emphasis was on conservative treatment and not on attempting to treat the greatest number of children. The ratio of permanent teeth filled to teeth extracted was 10.2 : 1 and the ratio in respect of deciduous teeth filled to extracted was 3.2 : 1 and these figures provide convincing evidence of this endeavour.

The Dental Auxiliary, who was appointed in September, 1964 is still in post and it is now possible to assess the work of a newly appointed ancillary dental worker who has completed a two year course in the school run by the General Dental Council. I feel the scheme is an unqualified success which, however, depends on the personality and ability of the officer and with fur-

ther experience, the Dental Auxiliary should be able to relieve the Dental Officers of a considerable amount of the routine dental treatment of children.

Mr. C. K. Fenton Evans, Principal School Dental Officer, resigned his appointment on 7th April, 1965 consequent upon his appointment as Chief Dental Officer for the County of East Sussex. During the three and a half years he was in Lincoln, Mr. Evans effected a remarkable change in the Authority's Dental Services. At all times he encouraged the provision of the best conservative type of dentistry and his work in connection with the Dental Health Campaign increased his stature not only in Lincoln but also in informed circles throughout the Country. I was very sorry to lose him as a colleague, but it is not unusual for a Principal Officer to leave for a larger authority with increased responsibilities. Mr. G. A. Vega was appointed as his successor and the vacancy created by his promotion was filled by Mr. J. Iceton.

Dr. N. I. Condon resigned his appointment as Deputy Principal School Medical Officer in March and he was succeeded by Dr. P. E. Elwood who commenced duties in April.

I should like to express my appreciation of the loyal support given during the year by the staff of the School Health Service and should like to thank the Chief Education Officer and the staff of the Education Department for their helpfulness and co-operation. My thanks are also due to the members of the Special Services Sub-Committee and in particular to Alderman E. J. Richardson, J.P., Chairman of this Committee, for the keen interest and assistance given to me.

R. D. HAIGH,

Principal School Medical Officer.

City Health Department,

Beaumont Fee,

LINCOLN.

June, 1966.

STAFF OF SCHOOL HEALTH DEPARTMENT 1965

Principal School Medical Officer:

R. D. HAIGH, M.B., CH.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

Deputy Principal School Medical Officer:

N. I. Condon, M.B., B.CH., B.A.O., L.M., D.P.H. (Resigned 31.3.65)

P. E. Elwood, M.B., B.CH., B.A.O., D.R.C.O.G., D.P.H. (Commenced 20.4.65)

School Medical Officers and Assistant Medical Officers of Health:

E. G. Myra Cummings, M.R.C.S., L.R.C.P., D.P.H.

Phoebe H. Chance, M.R.C.S., L.R.C.P.

Principal Dental Officer:

C. K. Fenton Evans, L.D.S. (Resigned 7.4.65)

G. A. Vega, B.D.S. (From 1.4.65)

Dental Officers:

G. A. Vega, B.D.S. (Until 31.3.65)

D. G. Hutchison, B.D.S. (Part-time from 1.10.65)

J. Icton, L.D.S. (Commenced 15.11.65)

Mrs. S. M. Evans, L.D.S. (Sessional) (Resigned 23.7.65)

Mrs. J. Hutchison, L.D.S. (Sessional)

Dental Auxiliary:

Mrs. S. M. Horseman

Dental Surgery Assistants:

Mrs. J. Abell (Part-time from 1.6.65)

Mrs. S. Blyth (Commenced 12.4.65)

Mrs. S. Berry (Resigned 28.2.65)

Mrs. B. Gander (Commenced 15.11.65)

Mrs. M. V. Milligan, S.E.A.N. (Resigned 28.2.65)

Miss M. Sheriff (Commenced 24.2.65)

Mrs. B. Francis (Sessional)

Dental Health Education Officer:

Mrs. J. Abell (Part-time from 1.6.65)

Dental Clerk:

Mrs. S. A. Beresford (Resigned 31.1.65)

Mrs. P. J. Ellis (Commenced 8.3.65)

Consultant Children's Psychiatrist:

G. McK. Nicholl, M.A., M.R.C.S., L.R.C.P., D.P.M. (Commenced 1.2.65)

Educational Psychologist:

C. H. Jackson, M.A., PH.D., DIP.ED., F.B.P.S.S.

Social Worker:

Mrs. R. Fanner, B.Sc.(Econ.), DIP. POL. EC. SOC. STUDIES

Secretaries:

Miss L. C. Aylmer

Miss J. Morris (Resigned 29.8.65)

Nursing Superintendent:

Miss E. M. Day, S.R.N., S.C.M., Q.I.D.N., H.V.(Cert.)

Senior Health Visitor/School Nurse

Miss K. Luke, S.R.N., S.C.M., R.S.C.N., Q.I.D.N., H.V.(Cert.)

Health Visitors/School Nurses:

Miss M. Clarke, S.R.N., R.S.C.N., H.V.(Cert.)

Miss R. M. Crawford, S.R.N., S.C.M., R.S.C.N., H.V.(Cert.)

Mrs. M. L. Dimpleby, S.R.N., S.C.M., H.V.(Cert.)

Miss J. E. Green, S.R.N., S.C.M., Q.I.D.N., H.V.(Cert.)

Miss B. M. Lees, S.R.N., S.C.M., H.V.(Cert.)

Miss G. J. Scott, S.R.N., H.V.(Cert.)

Miss A. H. Taylor, S.R.N., S.C.M., R.S.C.N., H.V.(Cert.)

Miss J. Williamson, S.R.N., S.C.M., H.V.(Cert.)

Mrs. M. Holroyd, S.R.N., S.C.M., H.V.(Cert.) (Part-time)

School Nurses:

Miss D. A. Oliver, S.R.N., S.C.M.

Miss F. M. Shearman, S.R.F.N., S.R.N., S.C.M.

Miss P. M. E. Taylor, S.R.N., S.C.M., Q.I.D.N.

Mrs. K. Pitchford, S.R.N. (Part-time)

Mrs. J. M. Swann, S.R.F.N., S.C.M.

Lay Administrative Assistant:

J. C. Martin, A.R.S.H.

Clerk-in-Charge:

R. W. Hill

Clerks:

Mrs. J. Butler

Miss W. Lucchesi

Mrs. J. E. Gough (Part-time)

LIST OF SCHOOLS

School	No on Register January, 1966	Head Teacher
Nursery		
St. Cuthbert's	46	Miss S. A. Kerslake
St. Giles	45	Miss H. Church
Primary		
Birchwood Infants	186	Mrs. M. Sewell
Boultham Junior	378	Mr. A. E. Briggs
Boultham Infant	129	Miss R. E. Morris
Bracebridge Junior	348	Mr. D. J. Logan
Bracebridge Infant	280	Miss T. H. Bewley
Monks Road Junior	399	Mr. W. J. B. Varlow, M.B.E., J.P.
Monks Road Infant	257	Miss M. Smith
Mount Street Infant and Junior Girls'	464	Miss B. M. Jubb
St. Botolph's Infant	73	Mrs. M. Young
St. Giles Junior	463	Mr. F. Pickering
St. Giles Infant	297	Miss A. M. Hard
Skellingthorpe Road Junior	464	Mr. E. S. Wilson
Skellingthorpe Road Infant	374	Miss S. M. Neale
Westgate Junior Boys'	272	Mr. L. J. Meldrum, M.B.E.
Hartsholme Infant	196	Miss D. J. Neale, O.B.E.
Ermine Infant	287	Miss J. M. Sowerby
Ermine Junior	474	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	160	Miss M. B. Cullen
St. Andrew's Infant and Junior	220	Miss M. Oliver
St. Faith's Junior	202	Mr. H. J. Sharman
St. Faith's Infant	166	Mrs. M. Blakeman
St. Martin's Infant and Junior Girls'	90	Miss J. O. Yeates
St. Peter's Boys'	155	Mr. R. E. Wiles
St. Peter's Girls'	145	Mrs. K. West
St. Peter's Infant	190	Mrs. K. West
St. Hugh's R.C.	330	Mr. D. V. Griffiths
Our Lady of Lincoln R.C.	311	Mr. J. Brown
Secondary Modern		
Rosemary	360	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	288	Mr. L. R. W. Thake
Myle Cross Girls'	366	Miss J. K. Gentry
Sincil Boys'	580	Mr. F. Bell, B.Sc.
Spring Hill	388	Miss J. P. Whiteside
Boultham Moor Girls'	547	Miss L. M. Powell
St. Peter and St. Paul	270	Mr. T. P. Groome, B.A.
Bishop King	309	Mr. A. Booth, B.A.
Secondary Grammar		
The City	558	Mr. L. R. Middleton, M.A., B.Sc.
South Park High	557	Miss M. J. Widdowson, B.A.
Lincoln	510	Mr. J. Faull, B.Sc.
Christ's Hospital Girls' High	526	Miss M. Leahy, B.A.

Special Schools

St. Catherine's	106	Mr. T. C. Smith, M.A.
Open Air	47	Miss D. E. Willcock, J.P.

Establishments of Further Education

<i>Full-time day students</i>		<i>Principal</i>
Technical College	293	Mr. G. A. Church, B.Sc. A.C.G.I., M.I.MECH.E.
School of Art	143	Mr. K. Gribble, D.F.A.(LOND.), F.R.S.A.

STATISTICS

Population of City	..	..	..	76,910 (mid-year estimate)
*School Population	..	..	..	13,249
Number of Schools	..	..	..	43
Number of F.E. Establishments	..	..	..	2

Maintained Schools in Lincoln

Schools	No. of †Departments	Boys	No of children on roll Girls	Total
Nursery	2	49	42	91
Infant	17	1639	1528	3167
Junior	17	2078	2065	4143
Special (E.S.N.) ..	1	48	58	106
Special (Open Air) ..	1	28	19	47
Secondary Modern ..	8	1598	1510	3108
Secondary Grammar ..	4	1068	1083	2151
Technical College ..	1	140	153	293
School of Art	1	55	88	143
	52	6703	6546	13249

* Includes children attending City Schools who reside outside the City Boundary.

† Where the same school contains more than one section these are counted as separate departments.

ROUTINE MEDICAL INSPECTION OF SCHOOL CHILDREN

The routine medical inspection of school children is an essential and important part of the work of the School Health Service and the pattern of previous years has again been followed whereby children are examined at ages five, ten and fourteen years, approximately.

Whilst some Authorities operate a selective intermediate examination, this scheme has not yet been introduced in Lincoln.

3,697 children (3,531 in 1964) were examined during the year and 1,094 (1,063 in 1964) defects were noted and referred for treatment. Although the number of children examined was higher than in the previous year the percentage of children with defects dropped from 30.1 per cent in 1964 to 29.7 per cent.

As usual, visual defects accounted for more than half (55.2 per cent) of the total number of defects noted during the year; ear, nose and throat defects were 10.3% of the total, orthopaedic defects 10.8% and skin defects were 10.1%.

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 1094 compared with 1063 in 1964.

				Entrants		Leavers		Others		Total	
				*T	*O	*T	*O	*T	*O	*T	*O
Skin	...	...	...	24	9	57	20	30	4	111	33
Eyes—Vision	...	...	...	31	60	282	30	132	72	445	162
Squint	...	...	...	84	9	12	—	44	3	140	12
Other	...	...	...	8	—	4	—	7	—	19	—
Ears—Hearing...	...	...	...	13	49	12	5	8	15	33	69
Otitis media	...	...	...	2	23	1	—	1	3	4	26
Other	...	...	...	2	3	6	—	5	—	13	3
Nose and Throat	...	...	...	49	130	8	19	7	18	64	167
Speech	...	...	...	32	44	3	4	2	3	37	51
Lymphatic glands	...	...	...	1	36	—	7	—	9	1	52
Heart	...	...	...	11	8	5	3	5	11	21	22
Lungs	...	...	...	19	28	3	8	10	12	32	48
Development											
Hernia	...	...	...	5	7	—	—	1	—	6	7
Other	...	...	...	3	24	2	4	6	27	11	55
Orthopaedic											
Posture	...	...	...	2	2	1	3	2	2	5	7
Feet	...	...	...	10	9	8	3	17	—	35	12
Other	...	...	...	46	11	17	5	15	2	78	18
Nervous system											
Epilepsy	...	...	...	2	2	—	1	4	1	6	4
Other	...	...	...	1	24	1	4	9	8	11	36
Psychological											
Development	...	...	...	2	7	1	3	—	7	3	17
Stability	...	...	...	3	5	1	1	2	6	6	12
Abdomen	...	...	...	—	1	—	1	—	—	—	2
Other	...	...	...	3	2	6	2	4	7	13	11
				353	493	430	123	311	210	1,094	826

*T—Defects requiring treatment

*O—Defects requiring to be kept under observation

GENERAL CONDITION OF CHILDREN

Of the total number of children examined, 0.33 per cent were classified as being medically unsatisfactory. This represents 12 children out of a total number of 3677 who were examined.

SPECIAL INSPECTIONS

Defect or Disease				Pupils requiring treatment	Pupils requiring observation
Skin ...	...	...	...	26	1
Eyes—vision	...	...	...	174	49
squint	...	...	...	20	1
other...	...	...	...	6	—
Ears—hearing	...	...	...	17	16
Otitis media	...	...	...	—	—
Other	...	...	...	2	—
Nose and Throat	...	...	...	19	4
Speech	...	...	...	4	1
Lymphatic glands	...	...	...	—	—
Heart	...	...	...	4	1
Lungs	...	...	...	28	3
Development—					
Hernia	...	...	...	—	—
Other	...	...	...	—	1
Orthopaedic—					
Posture...	...	...	...	—	—
Feet	...	...	...	13	1
Other	...	...	...	9	3
Nervous system—					
Epilepsy	...	...	...	—	1
Other	...	...	...	—	—
Psychological—					
Development	...	...	...	—	—
Stability	...	...	...	31	3
Abdomen	...	...	...	5	—
Other	...	...	...	27	14
Totals	...	...	...	385	99

NOTES ON SPECIFIC DEFECTS**SKIN DISEASES**

There was no reduction in the number of cases of verrucae (plantar warts) discovered during the year. The treatment of this condition is usually lengthy and results in children losing a lot of time from certain P.E. activities, particularly swimming.

VISUAL DEFECTS

The school children in Lincoln have their vision tested annually and this arrangement has been in operation since 1963.

During the year it was decided to purchase a Keystone Vision Screening instrument for use in the School Health Service and this has proved to be a valuable asset. It is possible with the instrument to test, in addition to

defective vision, muscle balance, near vision, etc., but the Consultant Ophthalmologist is of the opinion that we should only test school children for distant vision and this is what has been done during the year. The construction of the instrument removes the possibility of any child 'cheating' by not adequately covering one eye. Each eye can be tested separately, or both together and it has been found to be not only quicker than testing with Snellen charts, but much more convenient in schools where space is limited. Not all schools are adequately equipped for medical examinations and in those schools where there is no vacant room with a distance of 6 metres for eye tests, the vision screening instrument has been found to be invaluable.

The instrument is not unduly heavy, but it is a little cumbersome, and is usually transferred from one school to another in the Health Department's van or by nurses in their cars.

The following table shows the result of the year's work:

			<i>Total Tested</i>	<i>Referred for Treatment</i>	<i>For Observation</i>
Infants	..	..	1733	22	80
Juniors	..	..	2679	31	78
Seniors	..	..	3058	60	98
Totals	..	..	7470	113	256

The above figures do not include children tested at routine School Medical Inspections at which 445 children were found to have a visual defect requiring treatment and 162 were placed under observation.

The children for observation are those whose eyesight at the time of examination was not perfect, but the visual defects were not considered to be serious enough to necessitate referral to the Ophthalmic Clinic. These children are retested at frequent intervals by the School Nurses and are referred for treatment if the vision deteriorates.

Children requiring treatment are referred to the Children's Ophthalmic Clinic at the County Hospital and I am grateful to Mr. A. H. Briggs for the following report on the work of the Clinic during the year.

"As you will see, there has been a still further increase in the new and old cases and more glasses have been prescribed than in the previous year. I do not think this calls for any special comment and it probably reflects the increase in the school population.

I am grateful for the co-operation of your department at all times throughout the year and this has made it possible for this large volume of work to be carried out smoothly."

"The Lincoln County Borough children's attendances at school clinics held at the Lincoln County Hospital have been as follows:—

Children's Eye Clinic	1965	1964	1963
New cases sent for	 466	445	567
New cases attended	 376	385	479
Old cases sent for	 1739	1619	887
Old cases attended	 1285	1203	662
New failures	 90	60	88
Old failures	 454	416	225
Glasses prescribed	 800	736	785
Single lenses prescribed	 50	—	—
Authorised repairs	 250	218	281
Number of clinics held	 221	161	162

Orthoptic Department

	1965	1964	1963
New cases	172	134	112
Old cases	1244	1352	1241
Awaiting admission for surgery	—	2	3

These figures refer not only to school children but also to a number of pre-school children referred to the clinic from the Infant Welfare Centres.

DISEASES OF THE NOSE AND THROAT

The total number of defects noted during the year was 231 as compared with 232 in 1964. The number of Lincoln children who received operative treatment at the County Hospital in 1965 was 155.

CHILDREN WITH IMPAIRED HEARING AND THE AUDIO-METRY SERVICE

School children are routinely sweep tested on entering school, again during their last year in Junior School and finally before leaving Senior School. Children whose sweep tests prove to be unsatisfactory are given a pure tone audiometric test.

It has been obvious for some time that the pure tone audiometric tests carried out in schools frequently give less accurate results of a child's hearing level than is desirable. On occasions this inaccuracy amounts to as much as 20 decibels. This is due to the natural noise level found in all schools and the only effective way of producing an accurate Audiogram is to carry out tests in a sound-proof room.

It was decided, therefore, to sound-proof a small room in the School Clinic premises and work on this room began towards the end of the year. The work is expected to be completed during 1966.

A new audiometer was purchased during the year for use in the sound-proof room and the type purchased was an Amplivox Model 51 which is proving most satisfactory.

All children with abnormal audiograms are referred to Mr. M. Spencer Harrison, F.R.C.S. at the Audiology Unit at the County Hospital, whose co-operation and help is very much appreciated.

Audiometric Tests, 1965

The following table summarises the work carried out during the year:

Number of children tested

Infants	1401
Junior	1334
Senior	1575
Total ..	4310

Number who failed Sweep Tests: 397=9.2%.

Audiometric Tests, 1965**Pure Tone Audiograms**

The children who failed sweep tests were referred for a pure tone audiogram with the following results:

Number offered appointments for P.T.A.	..	..	393
Number awaiting appointments for P.T.A. on 31.12.65			4
Number who failed to attend	..	..	4
Number of children examined by P.T.A.	..	..	389
Result of pure tone audiograms:			
Satisfactory	..	..	349
Unsatisfactory	..	..	40
Disposal and treatment of unsatisfactory cases:			
Left Lincoln	..	..	1
Arranging treatment privately	..	..	1
Wax removed	..	..	7
For review at Hospital	..	..	10
For observation	..	..	21
			40

SPEECH DEFECTS

Children with speech defects which require treatment are referred to the Speech Therapist at the County Hospital and the following table shows the number of children seen during the year.

New Referrals

Boys	25	} 38
Girls	13	

Old Cases

Boys	58	} 80
Girls	22	

Total	118
-------	-----------------

The 118 children seen during the period presented the following defects:

Specific language disability	..	..	..	..	2
Defective articulation	..	..	..	..	73
Stammering	..	..	..	..	24
Defective articulation and stammer	..	..	..	..	3
Delayed speech development	..	..	..	..	12
Sigmatism	..	..	..	..	3
Nasal speech	..	..	..	..	—
Deaf	..	..	..	..	—
No defect	..	..	..	..	1
					118

Total attendances during the year=921.

Total number of discharges during the year=39.

In addition to the above figures, 17 school children received treatment from the Speech Therapist after being referred through the hospital services.

ORTHOPAEDIC AND POSTURAL DEFECTS

All school children found to be suffering from orthopaedic defects, which in the opinion of the School Medical Officer require investigation are referred to the fortnightly clinic held by Mr. D. F. Thomas, F.R.C.S. in the School Clinic, Beaumont Fee.

I am indebted to Mr. Thomas for the following report on the work of the Orthopaedic Clinic during the year.

“The material seen at the Orthopaedic Clinic has continued to consist in the main of children with genu valgum and pes plano-valgus. A certain number of cases of other postural defects are seen.

Attendances have on the whole been fairly regular and co-operation with treatment is good.”

The following is a summary of the work carried out:

	1965	1964	1963
Number of sessions held by the Orthopaedic Surgeon ..	19	19	21
Number of cases seen by the Orthopaedic Surgeon ..	433	559	560
Number of new cases seen by the Orthopaedic Surgeon	125	119	163

HEART DISEASE AND RHEUMATISM

Lincoln is one of a number of areas in the Country where Acute Rheumatism occurring in children up to the age of 16 years is notifiable to the Local Authority. Two cases occurred in 1965 and were diagnosed at the County Hospital. Both cases were in the 10 — 14 year age group, one a girl and one a boy and both were diagnosed as Rheumatic Heart Disease (active) with polyarthritis.

SCHOOL CARDIAC REGISTER

Six new cases were added to the School Cardiac Register during 1965 and there are now 25 cases which have been discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a) Ventricular septal defect	10
(b) Atrial septal defect	2
(c) Mitral incompetence	1
(d) Atria ventricularis communis	1
(e) Pulmonary stenosis	2
(f) Patent ductus arteriosus	2
(g) Rheumatic fever with severe carditis	1
(h) Aortic stenosis	2
(i) Fallots tetralogy	1
(j) Co-arctation of the aorta	2
(k) Aortic incompetence and V.S.D.	1

Of these 25 cases, 23 are placed in ordinary schools, one in the Open Air School and one in the Junior Training Centre.

No child underwent cardiac surgery during the year. One girl diagnosed as Ebsteins Tricuspid Atresia died during the year.

PRE-SCHOOL CARDIAC REGISTER

Where there is a possibility of a child having a congenital heart lesion, the Consultant Paediatrician is normally asked for his advice. Fortunately, liaison between the Consultant and the Health Department is excellent and this permits us to complete a cardiac register for the pre-school child. During the year under review, a number of suspected cases were examined in the Hospital and the following definite cases have been diagnosed.

(a)	Ventricular septal defect	..	..	..	7
(b)	Atrial septal defect	..	..	..	1
(c)	Pulmonary stenosis	..	..	..	2
(d)	Fallots tetralogy	..	..	..	1
(e)	Undiagnosed heart lesions	..	..	..	1

The Principal School Dental Officer is notified of the name and diagnosis of every child on both cardiac registers. He is thus informed of those children 'at risk' and he acts accordingly. The compilation of the pre-school cardiac register also helps to ensure that no case is overlooked when examined at the first routine medical examination.

PROVISION OF SCHOOL CLINICS

At the School Clinic, Beaumont Fee:

Medical Clinic	Friday afternoons.
Minor Ailments	Tuesday to Friday at 9 a.m.
Orthopaedic Clinic	By appointment.

At Maternity and Child Welfare Centre:

Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).
Ultra-Violet Light Clinic	By appointment.

Other clinics:

St. Giles Infant School	Minor ailment clinic each morning 9 a.m.
Skellingthorpe Road	
Infant School	"
Sincil Secondary	Minor ailment clinic Wednesday and Friday
Modern Boys'	mornings 9 a.m.

At Ravendale Clinic, Laughton Way.

Medical Clinic	Thursday morning (by appointment).
Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).

The attendances at the various clinics are summarised in the following table:

				New Cases	Revisits	1965 Totals	1964 Totals	1963 Totals
Minor Ailment Clinics								
Central Clinic	...	...		272	763	1035	759	841
St. Giles	...	...		402	3248	3650	3629	4848
Skellingthorpe Road	...	...		803	4157	4960	4293	4538
Sincil Boys	...	...		343	1569	1912	1599	1669
				1820	9737	11,557	10,280	11,896
Medical Clinics				319	150	469	456	566
Orthopaedic Clinics				125	433	558	559	560
Dental Clinics				4039	5899	9938	8303	7017

NOCTURNAL ENURESIS

This condition is not as uncommon as parents of enuretic children think, and whilst in some cases the condition can be cured by drugs, the foil and bell alarm has proved its worth in the treatment of bed wetting at night. Eight alarms are now available for use, but before an alarm is given to the parent by the School Medical Officer, the child must first be examined to exclude any physical cause for the complaint. The best results are achieved with the alarm in children of eight years or older and only in exceptional circumstances is an alarm issued to a child below this age.

The following table shows the results of treatment and the ages of the children treated during the year:

<i>Age</i>				<i>Cured</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Totals</i>
6	..	..	..	—	—	1	1
7	..	..	..	3	—	—	3
8	..	..	..	1	1	1	3
10	..	..	..	1	—	—	1
11	..	..	..	1	1	1	3
12	..	..	..	—	—	1	1
14	..	..	..	1	—	—	1
				7	2	4	13

<i>Severity</i>				<i>Cured</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Totals</i>
Each night	..	..	..	5	1	4	10
3/4 times per week	..	..	..	1	—	—	1
Occasionally	..	..	..	1	1	—	2
				7	2	4	13

One child who showed no improvement and one who showed some improvement were referred to the Child Guidance Unit.

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS

The following table shows the incidence of pediculosis in school children in Lincoln during the last five years:

1961	1962	1963	1964	1965
2.3%	0.9%	2.6%	3.0%	2.7%

Inspection for the presence of pediculosis.

Number of visits to schools	..	..	..	..	..	324
Number of inspections of children	..	..	..	..	..	38112
Number of children found to be verminous, however slight						350
Notices issued to parents under Section 54(2) of the Education Act, 1944	..	..	..	..	..	198
Cleansing Orders under Section 54 (3)	..	..	..	..	..	4

The above figures show that the number of children found to be infested (350) was lower than in the previous year (397) and whilst this reduction in numbers is welcome, one should not assume that pediculosis is gradually being eradicated. This infestation is likely to persist due to the attitude of certain families who constitute the source of infestation of children in school. The vigilance of the school nurses is instrumental in keeping the numbers at a low level.

Good personal habits can and should be taught in the home and the persistence of vermin infestation is due to lack of training in the homes of those families, which, year after year allow children to attend school in a verminous condition and put other children at risk. Some children from the worst families are repeatedly infested with vermin and records kept during the year show that during 1965:

- 1 child was infested 6 times.
- 2 children were infested 5 times.
- 3 children were infested 4 times.
- 9 children were infested 3 times.
- 40 children were infested twice.

SCABIES

After a period of two years without a case of scabies, four cases occurred in school children during the year. Isolated cases can be expected from time to time and these are dealt with by the nursing staff without any difficulty.

The four cases reported during the year represent a percentage of .03 of the school population. It is interesting to compare this figure with the percentages found a few years ago. The percentage of children suffering from scabies from 1933 to 1939 varied between .2% and .6% and during the war the figures rose to a peak of 5.8% in 1943. There was a gradual decrease to .7% in 1950. It will be seen that the amount of scabies found during the last few years is less than at any time in the past 30 years.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following table shows the number of school children who were notified during the year as suffering from notifiable infectious diseases:

				1965	1964	1963
Chickenpox	..	..	..	—	86	475
Dysentery	..	..	..	25	1	11
Measles	..	..	..	168	456	571
Pneumonia	..	..	..	—	1	—
Scarlet Fever	..	..	..	46	20	15
Whooping Cough	..	..	..	—	65	4
Food Poisoning	..	..	..	—	1	—
				239	630	1076

Chickenpox

Chickenpox ceased to be a notifiable disease on 31st December, 1964.

Dysentery

Twenty-five cases of dysentery were notified during the year but it is certain that this figure represents only a small proportion of the cases occurring in the City, as it is known from Public Health Laboratory reports that

there were many more positive cases. It is impossible to estimate the number of children who were ill, but who did not consult a doctor and those who were treated for diarrhoea but from whom no specimens were sent for examination.

In the last two months of the year, dysentery proved very troublesome among pupils attending certain Infant and Junior schools. All known cases were visited by a Public Health Inspector and excluded from school, the parents being advised to seek medical attention for them if they had not already done so. The Head Teachers of all schools visited were most co-operative in letting the Department know of any child believed to be suffering from diarrhoea and such cases were investigated. In spite of receiving medical treatment some cases took a long time to clear up and children were away from school for three or four weeks. It was decided that there was little risk in letting children return to school even though positive faecal specimens were still being obtained, providing they had received medical treatment and were clinically cured and, in order to obviate children being away from school for long periods, this practice was generally adopted. Each case was treated on its merits and regard was paid to the standard of hygiene in the child's home before its return to school was authorised.

Measles

168 cases of measles were notified during the year, a considerable decrease on the previous year. The majority of these cases were notified in the first three months of the year and together with the large number of cases notified during the last quarter of 1964 constituted the usual biennial epidemic which arrived rather earlier than expected. The disease was distributed fairly evenly over all age groups up to nine years of age.

Scarlet Fever

46 cases of Scarlet Fever were notified during the year, the highest number since 1960. In the last three years the number of Scarlet Fever notifications has shown an increase and although the majority of cases were very mild in character a small number of children were quite ill.

Whooping Cough

No case of Whooping Cough was notified in a school child during the year. Since 1955 the number of cases notified has shown a steady decrease, apart from the high number of cases notified in 1964, and it is rather difficult to account for this isolated increase.

Diphtheria

No case of Diphtheria has been notified in the City since 1949.

Poliomyelitis

No case of Poliomyelitis has been notified in the City since 1960.

Vincent's Stomatitis

Two positive cases of Vincent's Stomatitis (Trench Mouth) were reported to the Principal School Dental Officer in the autumn. Both cases occurred at one of the Further Education establishments and an inspection of the pupils' mouths brought to light other cases which were already being treated with antibiotics by general practitioners. This is not a notifiable disease, but

one which is particularly contagious and rather unpleasant. Isolated cases are reported from time to time and the condition is quickly cleared up by the use of antibiotics.

VACCINATION AND IMMUNISATION

Immunisation against Diphtheria, Whooping Cough and Tetanus

As in past years school entrants have been offered primary immunisation against diphtheria and tetanus, with booster doses against these diseases, for children who had primary immunisation in infancy.

I would like to thank Head Teachers for their co-operation in the immunisation of children at schools, for the visits by the medical and nursing staffs to schools undoubtedly cause interruptions in the school programmes.

The table below gives a summary of the work carried out during the year:

Primary Courses Completed

				<i>By L.A.</i>	<i>By GPs</i>	<i>Total</i>
Triple (D.T.P.)	..	..	..	25	22	47
Diphtheria/Tetanus	..	..	..	75	2	77
Diphtheria only	..	..	..	7	—	7
Pertussis only	..	..	..	2	—	2
Tetanus only	..	..	..	32	6	38

Reinforcing Injections

Triple (D.T.P.)	..	..	..	46	59	105
Diphtheria/Tetanus	..	..	..	699	13	712
Diphtheria only	..	..	..	49	—	49
Tetanus only	..	..	..	11	10	21

Poliomyelitis Vaccination

A fourth (or booster) dose of Sabin poliomyelitis vaccine is now offered to children on school entry as a routine, and it is the practice in Lincoln to complete the programme before the end of the summer term.

During the year, 919 children were given fourth doses of vaccine at school, as against 910 in 1964.

TUBERCULOSIS

The following table shows the number of children notified as suffering from Tuberculosis in recent years:

	1960	1961	1962	1963	1964	1965
Pulmonary tuberculosis	2	1	11	2	3	—
Tuberculous meningitis	—	—	—	1	—	—
Tuberculosis, other forms	—	1	1	—	—	—
Totals ..	2	2	12	3	3	—

B.C.G. VACCINATION

The reduction in the incidence of Tuberculosis is in no small measure the result of the B.C.G. Scheme. B.C.G. Vaccination commenced in Lincoln in 1956 and the children offered protection were in the 13 — 14 year old age group.

The following table shows the result of the work carried out during the year:

	1965	1964
Consent Rate, November Survey	84%	79%
Number skin tested	968	810
Number found positive	71	50
Number found negative	865	735
Number vaccinated	865	734
Positive reactors		
Grades 1 and 2	45	24
(These children were referred to the Mass Radiography Unit and all except six attended. No evidence of disease was found).		
Grades 3 and 4	26	26
These children were X-rayed at the Chest Clinic with the following result:		
No evidence of disease	18	16
Signs of old healed lesions	5	6
Suspicious findings on X-ray, followed up by Chest Physician	2	3
Old T.B. case known to Chest Clinic ..	—	1
Failed to attend	1	—
	26	26

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1965, was as follows:

	1965
To Nursery, Primary and Secondary Schools etc.	1,436,398
To Staff and Helpers	126,845
	1,563,243
Number of Free Meals supplied	102,069

On a selected day in 1965, the number of children taking milk under the 'Milk-in-Schools Scheme' was 9,628, which represents approximately 82.2% of those present on the selected day.

HANDICAPPED PUPILS

The Local Education Authority is responsible for ascertaining which pupils over the age of two require special educational treatment, and as it is essential that all handicapped pupils are discovered as early as possible, our efforts are concentrated to this end.

The School Health Department learns of these handicapped pupils from various sources:

1. The Principal School Medical Officer receives a report on every child seen by the Paediatrician. Thus a handicapped infant, e.g. who has a spastic paralysis, is notified to the School Health Section very early; these children are visited very frequently by the Health Visitor and examined at 6 monthly intervals by the School Medical Officer. During this pre-school period the opportunity is taken to educate the parents in the care of the child within the community, and also to accustom them to the idea that their child might require special educational treatment, whether it be in ordinary Day or Residential Special School. For the success of this scheme co-operation is essential between all medical and social agencies dealing with the handicapped child, and in Lincoln we are fortunate because a very cordial relationship exists between the Paediatrician, General Practitioners and the School Medical Officers.
2. A further source is the routine medical inspection, and in the future it is hoped more time will be spent at this inspection to discuss with the Head Teacher and the parents the progress of handicapped pupils who are receiving their education in a normal school.

Although the policy of the Local Education Authority is to educate as many of the handicapped pupils as possible in a normal school environment, nevertheless it is still necessary to place a number of handicapped pupils in either day or residential special schools.

The following handicapped pupils were ascertained during the year:

Partially Sighted	..	..	..	..	..	4
Physically Handicapped	..	..	..	..	..	1
Delicate	..	..	..	..	..	2
Maladjusted	..	..	..	..	..	2
Educationally subnormal	..	..	..	..	..	18

The following table represents the number of children ascertained as in need of special educational treatment in Lincoln:

Blind

1 child is in a special school:

Birmingham Royal Institution	..	..	..	1
------------------------------	----	----	----	---

Partially sighted

7 children are in special schools:

East Anglian School, Great Yarmouth	..	..	5
Exhall Grange, Coventry	..	..	1
St. Vincents School, Liverpool	..	..	1

Deaf

4 children are in special schools:

Royal School for the Deaf, Derby	..	..	..	2
Maud Maxfield School, Sheffield	..	..	..	1
Burwood Park School, Surrey	..	..	..	1

Partially hearing

6 children are in special schools:

Maud Maxfield School, Sheffield	..	..	..	2
Partially Hearing Unit, Boultham School, Lincoln	..			4

Educationally subnormal

114 children are in special schools or classes:

St. Catherine's, Lincoln	..	..	..	..	104
Special classes (Junior)	..	..	..	..	8
Rudolph Steiner, Aberdeen	..	..	..	..	1
Hindley Hall School, Northumberland	..	..	..	..	1

Epileptic

There are a number of children suffering from this defect in the City but none required special residential schooling solely on account of the disease.

Maladjusted

5 children are in special schools

Marchant Holliday School, Somerset	..	..	..	1
Breckonborough School, Thirsk	..	..	..	1
Shotton Hall School, Shrewsbury	..	..	..	1
Brookside School, Shropshire	..	..	..	1
Bourne House Hostel	..	..	..	1

Physically handicapped

22 children are in special schools:

Lincoln Open Air	..	..	..	..	14
Thieves Wood, Mansfield	..	..	..	..	1
Irton Hall School Cumberland	..	..	..	..	1
Delarue School, Tonbridge	..	..	..	..	1
Hesley Hall, Doncaster	..	..	..	..	3
Exhall Grange School, Coventry	..	..	..	..	2

Speech Defect

1 child is in a special school

Deaf Unit, Boultham School, Lincoln	..	..	..	1
-------------------------------------	----	----	----	---

Delicate

36 children are in special schools:

Lincoln Open Air	..	..	..	..	35
Laleham School, Broadstairs	..	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in December, 1965:

Partially Sighted	..	..	..	..	..	2
Educationally subnormal	..	..	..	..	..	8
Physically Handicapped	..	..	..	..	..	1
Maladjusted	..	..	..	..	..	5
Delicate	..	..	..	..	..	2
Speech Defect	..	..	..	..	..	1

The 8 educationally subnormal children awaiting admission are children who have been ascertained as educationally subnormal before the age at which children are normally admitted to St. Catherine's School (i.e. over 11 years) and they are children who at present are receiving special education in special classes in ordinary schools.

PARTIALLY HEARING UNIT

The Unit for Partially Deaf Children at Boultham Infants School is in the charge of Miss E. E. Norris and I am indebted to her for the following report:

Report on the work of the Partially Hearing Unit during 1965

In January, 1965 five pupils were attending the Partially Hearing Unit, four of them living in Lincoln and one in Lindsey. At that time their ages ranged from five to eight years. In February, 1965, a six year old Lincoln child, with a speech defect and suspected of having a hearing defect, was admitted to the Unit for assessment. In October a three year old child living in Kesteven and a four year old child living in Lindsey were admitted on a part-time basis. There were thus eight children on the register at the end of the year.

During the year arrangements were made, with the co-operation of the Headmaster and the Staff of Boultham Junior School, for the two boys of eight years of age to attend the Junior School for two sessions weekly so that they could have the companionship and stimulation of children of their own age. One boy attended the Junior School on this basis throughout the year. The younger boy joined the Junior School in September. It is hoped to lengthen the time spent at the Junior School as the pupils become older and more mature socially and academically.

The Teacher of the Deaf continued to attend the Audiology Clinic at the County Hospital for one session weekly. Here children of all ages suspected of a hearing defect were assessed and given training when necessary. The seven children wearing hearing aids and attending hearing schools in the City were seen regularly during the year at this Clinic.

During the year several visitors interested in the deaf and partially hearing from educational and medical points of view were welcomed to the Unit. Valuable advice and assistance were given during visits by the Educational Psychologist and, at all times, co-operation by the Headmistress and Staff of the Infant School has enabled integration with the hearing children of the school to take place.

CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL

Four children were ascertained during 1965 as unsuitable for education at school.

Reports in respect of these children were sent to the Local Health Authority (Mental Welfare Section).

SPECIAL SCHOOLS IN LINCOLN

Open Air School

This school provides accommodation for about 90 children.

The numbers of children on the roll and those admitted and discharged during the year were as follows:

Number on the roll December, 1965	..	..	49
Number of children admitted during 1965	..	..	10
Number of children discharged during 1965	..	..	9

The medical condition of the children for which this type of education was necessary was as follows:

General Debility	..	..	..	..	..	24
Bronchitis	..	..	..	..	..	4
Asthma	..	..	..	..	..	7
Sequelae of Poliomyelitis	..	..	..	..	..	1
Congenital Heart	..	..	..	..	..	1
Cerebral Palsy	..	..	..	..	..	5
Orthopaedic defect	..	..	..	..	..	2
Miscellaneous	..	..	..	..	..	5

A number of the children in the above categories have been admitted to the Open Air School partly because of their specific disability and also because in some cases the family background is unsatisfactory and contributes to or exacerbates the disability which is present.

A Medical Officer visits the school on four occasions each term, and a School Nurse visits from time to time as the need arises.

St. Catherine's E.S.N. School

The school provides accommodation for about 100 boys and girls aged 11 years and upwards.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on roll in December, 1965	.. 48	56	104
Number admitted during 1965	.. 13	16	29
Number discharged during 1965	.. 11	15	26

NURSERY SCHOOLS

The average attendances during the year were as follows:

	<i>Average Attendance</i>
St. Cuthbert's Nursery School	 36.8
St. Giles Nursery School	 40.7

All children are medically examined on entry and a medical officer visits once each month to see new entrants and to examine other children when required.

THE CHILDREN AND YOUNG PERSONS' ACT, 1933

343 children were examined for Employment outside school hours as compared with 312 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number one child was found to be unfit for employment.

HOME TEACHING

Teaching in the home continues as a small, but useful part of the education service, although the availability of home teachers fluctuates considerably.

Only 2 children (with orthopaedic defects) were taught at home during the year, but if teachers had been available this number would have been greater.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

89 teachers appointed to the Authority's staff were medically examined during the year.

56 students were also examined in connection with their entry to Training Colleges.

DEATHS OCCURRING IN CHILDREN OF SCHOOL AGE

It is sad to record the death of five children during the year. The causes of death were as follows:

Accident (fall over cliff)	..	1
Heart defect		2
Leukaemia		1
Sarcoma		1
Total	..	5

HEALTH EDUCATION

The programme of Health Education followed the same pattern as last year and one Health Visitor devoted 31 sessions to giving lectures, illustrated by films and slides, to senior girls. The subjects covered included personal hygiene, care of babies and young children, principles of first aid and home nursing. Local Authority Welfare Services and School Health, safety in the home, family and personal relationships.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

This year turned out to be an eventful one so far as the School Dental Service is concerned. During the first quarter, the City's Dental Health Campaign was brought to a successful conclusion and the Council's proposal to continue this type of approach to the caries problem by including in the establishment the post of part-time Dental Health Education Officer indicates the growing awareness of the problem in hand.

Unfortunately, the City lost its energetic Principal School Dental Officer, Mr. C. K. Fenton Evans, who was the driving force behind the Campaign programme, who left to take up the position of Chief Dental Officer in East Sussex.

Apart from the undeniable success as a Campaign, the question arises whether all the effort and energy was worthwhile. Has in fact the state of the children's teeth improved as a result and is there an increased awareness among the children and parents of the importance of Dental Health.

Our statistics certainly indicate encouraging trends. There is a marked drop in the number of children requiring treatment subsequent to school inspections (66.6% as against 82.73% in 1964). The figure is now approaching the national average. The percentage of the school population inspected at routine school inspections was 45.9%.

Mothers of the very young children tend to show more concern and awareness of the inherent dangers associated with miniature feeders and teats and are increasingly asking for advice and treatment for their children and themselves.

Does all this mean that we have stemmed the tide and are able to combat the ravages of tooth decay by prophylactic and educational measures alone?

The answer is most certainly in the negative. In Britain we are still leading the caries league and every effort should be taken to secure for our children the benefits of water fluoridation so as to hope to reduce this, the most prevalent of all diseases, to manageable proportions.

As regards the staffing position, this has fluctuated throughout the year and the position at the close of 1965 is two full-time Dental Officers, two part-time Dental Officers and one full-time Dental Auxiliary. Lincoln has been taking part in the experimental employment of Dental Auxiliaries over the past two years and so far as our experience goes during 1965, no reluctance to the employment of the auxiliary has been noted whatsoever. From the economical standpoint and as a service to the community in our case this experiment must be regarded as an unqualified success.

G. A. VEGA,

Principal School Dental Officer.

Summary of Dental Inspections and Treatment carried out during 1965

	1965	1964
Number inspected at routine school inspections ..	6020	7577
Number requiring treatment	3910	6269
Number referred for treatment	2890	5888
Number treated after school inspections	1313	2163
Number treated as specials	702	831
Number inspected at clinics	520	449
Total number inspected	7242	8857
Half-days devoted to school inspections	40	50
Half-days devoted to treatment (including Dental Auxiliary)	1441	1175
Total number of attendances	9938	8303
Number of fillings in permanent teeth	8756	7984
Number of permanent teeth filled	6810	6484
Number of fillings in deciduous teeth	2998	3094
Number of deciduous teeth filled	2465	2715
Total number of fillings	11754	11078
Extractions (i) Permanent	669	518
(ii) Deciduous	923	797
Total number of extractions	1592	1315
Total number of teeth extracted for orthodontic purposes	410	247
General Anaesthetics	103	23
Radiographs	271	590
Dentures	23	13

ORTHODONTIC TREATMENT

Cases continued from 1964	26
Cases commenced in 1965	53
Cases receiving treatment during 1965	79
Cases completed	} 51
Cases suspended or moved out of area	
Cases continued in 1966	28
Number of removable appliances fitted	61
Number of fixed appliances fitted	1



The Mayor with children at the Opening Ceremony of the Lincoln Dental Health Campaign.

DENTAL HEALTH EDUCATION

After a great deal of preparation by Mr. C. K. Fenton Evans (late Principal School Dental Officer) and his staff, an intensive Dental Health Campaign commenced on 9th November, 1964 and ended on 5th March, 1965. A report on the campaign is given in an Appendix to this Report.

One of the Dental Surgery Assistants, Mrs. J. Abell, was appointed temporarily as a Dental Health Education Officer for the period of the campaign and the Education Committee subsequently decided that she should continue to be employed in this capacity on a half-time basis in order to keep a Dental Health Education programme active in the City schools. The following is a report on her work from May, 1965 to the end of the year:

“During the first term of the appointment of a part-time Dental Health Education Officer in May, 1965, every new entrant in the City’s schools received a talk on dental care.

The Autumn Term of 1965 brought along the difficulty of transporting equipment to and from schools where talks were to be given to four different age groups, and it was found impossible to visit the more distant schools in the City. Eight Infants schools received talks and on a second visit to the new entrants, a dental inspection was carried out by the Principal School Dental Officer. In addition, talks were given to St. Catherine’s School, the Open Air School, two Nursery Schools and the Bookworms Clubs at the Central and Ravendale Libraries.

An exhibition of the Campaign photographs along with other dental health propaganda was displayed at the above-mentioned Libraries during the months of November and December.

A number of schools organised their own projects on dental health education and prizes of toothbrushes and toothpaste were awarded for good work.

Co-operation has been received from the Head Teachers and their staff and the interest of the children attained in the subject taught.

Since the four-month Dental Health Campaign, it has been rewarding to see the great improvement in the children’s attitude towards dental inspections and treatment.”

WORK OF THE CHILD GUIDANCE CLINIC

I am indebted to Dr. G. McK. Nicholl for the following report of the work of the Child Guidance Clinic during 1965.

“The integration of the Child Guidance Services can indeed be said to be advancing, but it must be realised that each of the three branches, *i.e.*, School Psychological Service, Child Guidance Clinic and School Health Service, are distinct from one another in function, but often share staff and buildings enabling closer co-operation to be achieved.

The Psychiatrist may be said to be the link between the Educational and the somatic medical aspects of the developing child. His training is designed to enable him to weigh up the relative importance of both the Psychological

and medical aspects of any one case in consultation with the other members of the Child Guidance team. Cases are only referred to the Consultant Psychiatrist by the School Psychological Service (or other agencies) when it appears that the full team approach is necessary. In this case the General Practitioner is always consulted for his opinion before the child is seen. Cases referred direct by the General Practitioner or School Medical Officer are seen as a routine by the whole team.

In view of the tremendous pressure of work, as shown by the new referral figures, it is manifestly impossible to give each child and family more than a minimum number of interviews. In other words the work of diagnosis and treatment often has to be condensed into the first interview lasting from 1 — 1½ hours. The progress of the case can then be followed up by more intensive work of the Social Worker and occasional review interviews with the Psychiatrist. This method although forced upon us by necessity has proved to be more efficacious than might be supposed. The parents and child seen **together** in a therapeutic interview can often be helped to see the problem in a new light and so enabled to remake their relationships on a different level. It has been found that this approach has helped some parents who felt failures to feel more worthwhile and responsible and therefore better able to take up the challenge of their new insight into the problem. At the same time the child is helped to see the problem from the parents point of view as he is included in the joint interview. The whole problem is, therefore, out in the open and neither party can feel things are being said or done behind their backs. This engenders honesty and confidence between the members of the family, which in itself is therapeutic."

New referrals during the year

New cases referred	..	..	..	..	88
New cases seen	..	..	..	..	82
New cases awaiting appointment	..	..	..	..	6

Psychiatrist's interviews

With parent	..	..	..	..	270
With child	..	..	..	..	245
					—
					515
					—

Source of Referral

					%
General Practitioner	..	..	..	..	37
Consultant	..	..	..	..	2
School Medical Officer	..	..	..	..	15
Child Care Officer	..	..	..	..	14
Court	..	..	..	..	5
Educational	..	..	..	..	25
Others	..	..	..	..	2

Reason for Referral

					%
School Refusal	..	..	..	..	8
Anti-social behaviour	..	..	..	..	34
Habit Disorder and Disordered Elimination	..	..	..	..	35
Organic	..	..	..	..	12
Psychosomatic	..	..	..	..	4
Others	..	..	..	..	7

LINCOLN COUNTY BOROUGH — DENTAL HEALTH CAMPAIGN

“Children in Lincoln are heading for trouble. Big trouble. Their teeth are bad . . . and getting worse.

Almost every child in the City is suffering from some form of dental disease. To be more exact, nine out of ten. This is a staggeringly high figure and one well above the average for the country.

Year by year the gloomy picture of Lincoln's decaying teeth gets worse. In 1961 routine school inspection showed that 71.11% of pupils examined needed treatment. By 1962 it had rocketed to 81.4%. Last year, 89.8% . . . against a national average almost 27% lower. It's a story of wanton destruction.”

These words introduced a Dental Health Campaign in Lincoln which covered a period of four months from 9th November, 1964 to 5th March, 1965, preceded by many months of careful planning and preparation.

Planning the Campaign

The idea of a Dental Health Campaign was first discussed at Committee level in 1961 and a draft plan prepared, but due to local difficulties with staff and finance the scheme was deferred. At the end of 1963, when it was found that the number of children requiring treatment had reached an alarming figure, it was decided that some attempt must be made at dental health education and the Principal School Dental Officer was requested to prepare a plan. This plan, with only minor amendment, was used for the Campaign and briefly it suggested the formation of a special advisory committee, the training of a member of the dental staff in dental health education, the organisation of a pilot scheme and finally a programme of school talks.

The preparation of the Campaign plan was in itself a masterpiece of organisation and attention to detail. The plan, containing 76 foolscap pages and 21,000 words, was described by Admiral William Holgate, Chief Dental Officer to the Ministry of Health and Department of Education and Science, as “the most completely organised campaign I have ever seen.”

Of particular interest is the financial aspect. The Campaign was organised by the staff of the City's School Dental Service on a budget of £250, plus £15 15s. 0d. donated locally for prizes, but in actual fact, if every item had been charged, the total cost would have been £2,882 18s. 4d.

The Special Advisory Sub-Committee was formed and consisted of a member of the Education Committee, officers of the Education Department, Health Department and Dental Service and two Head Teachers. The role of the Committee was to control and approve the general policy of the Campaign.

One of the dental surgery assistants on the staff of the School Dental Service was trained in the field of dental health education and in this connection attended short courses at the Oral Hygiene Service in London and Local Authorities in Sheffield and Gloucester.

It was considered essential to arrange a small pilot scheme to test the merits of some of the material available on dental health education, to train the dental staff on the best approach to teaching children in the age groups to be covered and to gain experience in the planning and administration of dental health education. A small scheme was therefore arranged at a Junior School in May and June, 1964.

The plan itself was directed primarily at pupils of the Infant and Junior Schools throughout the City and arrangements were included to cover Maternity and Child Welfare Clinics, Nursery Schools, Maternity Homes, Parent/Teacher Associations and Church Organisations. In deciding a date for the opening of the campaign, consideration was given to any events which would either prevent access to schools or compete for publicity, and the dates of school holidays, eleven-plus examinations, local elections, etc. were taken into account. It was finally agreed to open the Campaign on 9th November, 1964, after the Guy Fawkes celebrations and the time required to carry out the programme of school talks dictated the closing date, which was to be the 5th March, 1965.

Preparation

With the Campaign opening in November, there was a period of six months in which to prepare.

A great deal of thought and hard work had gone into planning the Campaign, but even more hard work was to come in collecting and preparing material to put the plan into operation. The plan had been drafted in great detail to avoid any unnecessary work once the Campaign began, particularly as the number of staff available was limited. The very tight budget would not allow the employment of any additional staff and six members of the dental staff devoted a total of 1,927 hours of their leisure time to the Campaign. It should be remembered that during the whole of the Campaign and the prior preparation, the dental surgeries had to be manned as usual.

Nearly 1,000 letters were written in connection with the project, many of them asking for posters, leaflets, free samples and support generally. The Campaign was given an international flavour by the materials received from many parts of the world including Australia, Italy, Holland, Switzerland, U.S.A. and Russia, not forgetting, of course, Great Britain. As the material was received it was checked and packed for distribution before the opening date and the overall quantities were:

Posters	...	...	...	...	...	...	...	4,506
Wall Charts	...	...	...	...	...	...	...	254
Leaflets and booklets	...	...	...	...	...	...	...	61,629
Jigsaw puzzles	...	...	...	...	...	...	...	150
Games	...	...	...	...	...	...	...	500
Comics	...	...	...	...	...	...	...	1,504
Toothpaste (tubes)	...	...	...	...	...	...	...	3,222
Toothpowder (boxes)	...	...	...	...	...	...	...	576
Toothbrushes	...	...	...	...	...	...	...	744
Pens	...	...	...	...	...	...	...	288
Bookmarks	...	...	...	...	...	...	...	9,000
Total								82,373

Models, visual aids and tableaux were made by the Dental Staff, films and filmstrips were booked, projectors and transport organised and scores of other tasks were carried out to ensure the smooth running of the scheme.

It was decided to devise an emblem to give the Campaign individuality and the choice, because of its local associations and unusual appearance, was the Lincoln Imp and a 5 ft. x 5 ft. model was made with arms raised and holding a toothbrush and tube of toothpaste. The Campaign slogan was "LINCOLN NEEDS BETTER TEETH". Local posters were printed incorporating the emblem and slogan and these were displayed throughout the City and on buses, ambulances, etc.

The Medical Officer of Health agreed to arrange for members of his staff, including Health Visitors, to attend a series of three meetings at which the Principal School Dental Officer described the Campaign, demonstrated the materials to be used and instructed them in the main essentials of the maintenance of dental health. By this means it was hoped that all people involved in the Campaign would give similar instruction to the general public and to children, and so avoid any confusion.

The Mayor

Particular reference should be made to the part played in the Campaign by the Mayor of Lincoln (Councillor A. S. Woolhouse). As everyone knows, the Mayor of a City has a very full diary during his year of office and when the original plan was compiled, it was hoped that the Mayor would participate as much as possible. The time given by the Mayor was greater than hoped for and his personal interest and encouragement were an inspiration to the staff of the Dental Service engaged in the Campaign. As the Press were present at all the events attended by the Mayor, he assisted greatly in publicising the Campaign.

A letter from the Mayor was sent to the parents of every primary school child at the start of the Campaign stating the facts of the state of dental health in the City and appealing for parental support.

The Mayor officially opened the Campaign on 9th November, 1964 at Hartsholme Infants School and heard the pupils sing their own Dental Health Song. He presented prizes to competition winners, visited exhibitions, schools, Parent/Teacher Association meetings and the Dental Clinic. The City Sheriff accompanied the Mayor on almost all these occasions.

School Talks and Projects

As most of the direct teaching of dental health was to be done in schools it was important to acquaint Head Teachers with the arrangements and secure their co-operation. The Principal School Dental Officer and the Dental Health Education Officer made personal contact with all Head Teachers and discussed the plan with them. Needless to say, every Head Teacher without exception was extremely co-operative and close contact was maintained between the Dental Staff and Head Teachers throughout the campaign.

The method of teaching dental health to school children was based on two basic points:

1. Small Groups — to encourage individual participation and avoid 'lecturing' to the children.
2. Suitable material — in addition to instruction in elementary methods of personal oral hygiene, to teach in simple terms the anatomy, physiology and function of teeth, tongue and saliva, correct terminology of teeth and their development together with a description of the causes and processes of dental caries, dental disease and mal-occlusion and the techniques of dental treatment.

538 talks were arranged to 213 classes of children in Infant and Junior Schools. The Infants numbered 3,323 and Juniors 4,098 making a total of 7,421 children. The programme allowed for two talks to each Infant class and three talks to each Junior class. The talks which were illustrated by visual aids, were of twenty minutes duration for Infants and thirty minutes for Juniors. They were planned as a progressive series commencing with the importance of teeth, their function and the effects of diet, and ending with methods of caries prevention.

All children were taught the following four rules of Good Teeth:

1. Eat nourishing foods to build sound teeth — no sweet 'snacks' between meals.
2. Eat apples, carrots, etc., after meals to clean your teeth.
3. Brush after meals — particularly after breakfast and last thing at night.
4. Visit your dentist every 6 months, if possible.

In support of rule number two, apple rings were made available by the School Meals Department after lunch to all children taking school meals at Primary Schools.

Quite an intensive programme of talks was planned and carried out according to schedule. It had been arranged for the Dental Health Education Officer and the Dental Auxiliary to give the talks and it was not unusual to find them giving as many as four talks in a morning or afternoon. A very slight amendment had to be made to the programme just before Christmas when the Dental Auxiliary's voice failed. Fortunately she was fit to continue after the Christmas holidays.

As the series of talks progressed it was noticeable that the number and complexity of the questions asked increased and on the whole the degree of interest of the pupils was greater than originally anticipated.

Many projects were organised with the encouragement of teaching staffs and these consisted of essays, songs, pictures, scrap books, poetry, etc. These projects helped to maintain the interest of the children between school talks.

A Dental Health Song was used in the Campaign by permission of Ivory Cross, Holland and was based on a Dutch song written by Benny Vreden. It was translated by J. Weevers (Ivory Cross), adapted by Mrs. S. M. Evans (Lincoln School Dental Service) and arranged by Miss J. M. Sowerby (Lincoln Head Teacher). The music and words were sent to all Infant and Junior Schools during the Campaign and several school choirs learned the song. One school recorded it. Many schools wrote their own songs and the pupils of one school set their own words to the music of the Beatles' song "She Loves You".

Competitions

Various competitions were organised and the first to appear in the local press on 7th December was a Painting Competition which attracted 328 entries. Some of the entries were from school children living outside the City. A Crossword Competition was published in the local newspaper on 1st February and a total of 161 entries was received. A Poster Design Competition open to school children of any age was organised and the closing date for entries was 1st February. 476 entries were received. The Painting Competition and the Poster Design Competition were judged by the Director of Libraries, Museum and Art Gallery and the Principal of the Lincoln School of Art. Prizes were awarded to the winners of each competition. It was noticeable in the Poster Design Competition that the most frequently used idea was based on one of the U.S.S.R. publications which was on display in the Library.

A competition was organised at the Junior School where the pilot scheme had been carried out, mainly to give some indication of the effectiveness of the talks given previously. 147 children entered the competition and 21 prizes were awarded.

Of the many projects organised in schools, thirteen were in the form of competitions and 228 prizes were made available by the School Dental Service.

One manufacturer of potato crisps organised a competition and although it had no direct bearing on the subject of dental health it provided additional and valuable publicity. The Mayor of Lincoln placed a number of crisps in a large polythene bag and this was displayed in a local store. The public was asked to estimate the number of crisps in the bag.

Prizes for the winners of the competitions were obtained from a variety of sources. The Mayor of Lincoln donated pen and pencil sets, the Assistant Editor of a local newspaper gave dictionaries, jigsaw puzzles came from 'Het Ivoren Kruis' of Holland and the Oral Hygiene Service, London, free gifts were obtained from the manufacturers of potato crisps, toothpaste and toothpowder and £15 15s. 0d. in cash was donated locally. In addition beakers, toothbrushes and games were purchased out of the Campaign Funds. Cash donated for prizes was given to the recipients in some form of National Savings.

Talks to Adult Groups

During the period of the Campaign, invitations were received to address five Parent/Teacher Association meetings. At each of these, a series of films was shown and a talk given by the Principal School Dental Officer. These meetings were without exception well attended and very lively discussion periods followed the films and talks. The interest in fluoridation was extremely marked and although this topic was not included in the Campaign programme (the policy of the Council being not to support the introduction of fluoride into the domestic water supply) it formed an important part of the discussion at every meeting.

Talks and film shows were also given to Young Wives' Fellowship groups, Toddlers' Clubs and Mothers' Clubs. Posters and leaflets were distributed to Secondary and Grammar Schools, Open Air and Special Schools, the Technical College and the Teachers' Training College.

Slides and film strips were shown and demonstrations and talks were given by the dental staff at Maternity and Child Welfare Clinics whenever possible.

Exhibitions

Three exhibitions were organised during the Campaign. During the months of December and January an exhibition was mounted in the entrance hall of the Central Library and consisted of material loaned by the British Dental Association, a collection of photographs and prints of antique instruments and surgery equipment, the model of the Campaign Emblem and a display of dental health material from the U.S.A., Russia, Italy, New Zealand, Queensland, Switzerland, Holland and Wales. This exhibition was highly successful and a great deal of interest was shown, particularly in the engravings and photographs of early equipment.

A second exhibition similar to the first was arranged at a Branch Library in the north of the City.

The third exhibition was of the prize winning entries in the Poster Design Competition and was staged in the Central Library.

Minor exhibitions were arranged throughout the Campaign in the Dental Clinic waiting rooms.

Various tableaux, two of which were made by the Health Visitors, were erected at different Infant Welfare Clinics during the four month period of the Campaign.

A Dental Health Display Van was loaned free of charge by the General Dental Council and was on display at various points throughout the City from 29th January to 26th February. On the day of delivery, the van arrived at 10-30 p.m. and it was not found possible to tow it into the yard of the Dental Clinic during the hours of darkness because of the difficulty of access. The van was finally parked for the night on a public car park and unhitched from the towing vehicle at 1-30 a.m. The Van was open to the public from 9 a.m. to 5 p.m. each day and a rota was drawn up for staff of the Dental Clinic to be on duty throughout the whole of this period. Various schools sent parties of children to see the Van which contained numerous posters, leaflets, a slide viewer and a loop film projector.

Advertising and Publicity

In an effort to obtain as much publicity as possible, many professional and commercial organisations were approached for assistance, and publicity material was supplied to Dental and Medical Practitioners, Chemists and Pharmacists, Fruiterers, the W.V.S., Local Authority Departments and large stores in the City. Window displays were arranged in two shops and the W.V.S. Office. One of the local cinemas screened a dental health film during the Boys' and Girls' Club programme and the British Broadcasting Corporation agreed to show short films on dental health during the Campaign and to refer to dental health in a series of health talks broadcast in December.

Some departments of the Local Authority used a special postal franking block depicting the emblem and slogan during the period of the Campaign.

At the Central Dental Clinic, where the waiting room is common to three surgeries, any Dental Officer with a short free period took the opportunity to discuss dental health with any parents or children in the waiting room, and as much chairside instruction as possible was given.

In an attempt to allay the fear of dentists and dental surgeries, parties of school children were invited to the Clinic and shown round the surgeries. These visits were carried out in not too serious a manner and after a volunteer was seated in the chair, the dental officer demonstrated the various positions in which the chair could be placed, the equipment and instruments, and how they were used, the X-ray machine, etc. Then followed a period of discussion and as each child left the Clinic he or she received a suitable leaflet, a tube of toothpaste or an apple. Unfortunately, the number of children which the Dental Staff could deal with was limited, nevertheless 1,200 children attended. Many favourable comments were received on this aspect of publicity from both parents and members of the teaching staffs.

During the period of preparation for the Campaign, the Principal School Dental Officer wrote to four potato crisp manufacturers (two national and two local firms) asking for their support and referred to a 1951 research paper which indicated that potato crisps had a much lower cariogenic potentiality than many other foodstuffs — particularly those so often eaten as 'in-between meal' snacks. It was surprising to discover that the crisp manufacturers were unaware of this research paper. Following further correspondence, one of the local firms agreed to buy 9 column inches of advertising in support of the Campaign, one of the national firms supplied 780 x 2/6d. cartons of crisps free of charge, and another national firm ran a series of advertisements associated with the Campaign which cost them approximately £250. The advertisements (10 altogether) contained illustrations and texts drawn and written by the Principal School Dental Officer and Dental Health Education Officer on the subject of teeth, diet and dental health generally. From the point of view of the Campaign, these advertisements were of inestimable value in making this information available to the general public.

The General Dental Council have expressed interest in this series of advertisements and consideration is being given to the inclusion of some of the material in a new pamphlet.

Close of the Campaign

It was decided to close the Campaign with a balloon race and 168 hydrogen filled balloons were released from the Junior School where the pilot scheme was originally

carried out. Each balloon bore the name of a school, person or organisation connected with the Campaign and the label on the balloon which travelled furthest was returned from Southampton. Unfortunately the Mayor was unable to close the Campaign officially because of illness and this task was performed for him by the High Constable of Lincoln (Mr. C. Hill). On the last day of the Campaign, the Principal School Dental Officer sent a letter to the parents of each Infant and Junior child stressing the importance of the four rules of dental health.

Close liaison was maintained with the Press during the Campaign and the publicity given by the local newspapers was invaluable.

Oral hygiene assessment tests were carried out at the end of the Campaign on a selection of children from primary schools, who had been examined before the start of the Campaign. 275 children from 7 schools were examined and the improvement in the condition of their teeth and gums was estimated to be 48%.

Routine school inspections carried out in Infant and Junior Schools since the close of the Campaign show that an average of 60% of pupils examined needed treatment. This is a considerable improvement and can only be attributed to the Dental Health Campaign. It is hoped that this figure of 60% will be further reduced in the future, as a continuous dental health education programme has now been approved by the Council.

As mentioned earlier in this report, the money available for the Campaign was £250. Had the whole cost been met from Campaign funds it would have been £2,882 18s. 4d. The difference in these two figures was due to the persuasive powers of the Principal School Dental Officer (Mr. C. K. Fenton Evans) who begged, borrowed or otherwise obtained goods, advertising space and services from a variety of sources.

Many tributes have been paid to the Campaign and the following are extracts from a few of the letters received:

General Dental Council

"Thank you very much for . . . the report of the Dental Health Campaign in Lincoln. It is an outstanding example of what can be achieved in dental health education and there is no doubt that your efforts have brought Lincoln to the forefront in this field."

A further letter was received from the General Dental Council some weeks later:

"I wonder if it would be possible for you to send me a copy of the report on the Campaign in Lincoln schools. I have lent mine to the Chairman of the Irish Dental Association, who is very reluctant to return it. The Liaison Party on dental health education are considering methods of assessing the various dental health campaigns which have taken place and the Lincoln project was certainly the most concentrated and would provide the most useful information."

Ministry of Health

"Many thanks for your very comprehensive and valuable report on the Lincoln Dental Health Campaign. With many congratulations on a splendidly organised and most successful campaign."

Het Ivoren Kruis (Holland)

"Thank you very much for your report regarding the Dental Health Campaign in Lincoln, contents of which will have the best of my attention, especially with a view to possible similar actions in the Netherlands in the future."